## PATIENT GROUP DIRECTION (PGD)

Administration of **inactivated influenza vaccine** to individuals in accordance with the national influenza immunisation programme.

This PGD is for the administration of inactivated influenza vaccine by currently registered healthcare practitioners identified in Section 3, subject to any limitations to authorisation detailed in Section 2.

Reference no: **Inactivated Influenza (IIV) PGD**

Version no: v11.0

Valid from: 1 September 2025

Expiry date: 1 April 2026

The Public Health Agency (PHA) and Strategic Planning and Performance Group (SPPG) have adapted the UK Health Security Agency’s (UKHSA) Inactivated Influenza PGD v14.0 (Gateway reference number **GOV-18488**) for use in Northern Ireland. This PGD can be used to facilitate the delivery of immunisations in the HSC in line with national recommendations.

Trust staff using this PGD must ensure that it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[[1]](#footnote-2). **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH** [**HMR2012 SCHEDULE 16 Part 2**](http://www.legislation.gov.uk/uksi/2012/1916/schedule/16/part/2/made)**.**

Primary Care/Trusts must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition, authorising organisations must not alter section 3 ‘Characteristics of staff’. Only sections 2 and 7 can be amended within the designated editable fields provided, but only for the purposes for which these sections are provided, namely the responsibilities and governance arrangement of the organisation using the PGD.

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 25 years after the PGD expires[[2]](#footnote-3). Provider organisations adopting authorised versions of this PGD should also retain copies for the period specified above.

**INDIVIDUAL REGISTERED PRACTITIONERS MUST BE AUTHORISED BY NAME, TO WORK ACCORDING TO THE CURRENT VERSION OF THIS PGD, BY SIGNING SECTION 7. A COUNTER SIGNATURE MUST ALSO BE PROVIDED BY A MANAGER WITH THE RELEVANT LEVEL OF AUTHORITY, BY SIGNING SECTION 7.**

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Current versions of PGD templates can be found on:

* [BSO website](https://bso.hscni.net/directorates/operations/family-practitioner-services/pharmacy/contractor-information/contractor-communications/hscb-services-and-guidance/community-pharmacy-covid-19-vaccination-services/) (community pharmacies)
* Trust Intranet or
* [Primary Care Intranet](http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/)

Any concerns regarding the content of this PGD should be addressed to:

pha.immunisation@hscni.net

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| **Version number** | **Change details** | **Date** |
| V01.00 | * PGD updated due to routine expiry using the Northern Ireland Regional Immunisation Template * Addition of pharmacists to list of staff who can use this PGD. Pharmacists should be registered with the Pharmaceutical Society of Northern Ireland (PSNI). * Addition of paramedics registered with HCPC to list of staff who can use PGD * Added to additional requirement for annual training / updates required on anaphylaxis and BLS (as per NI PGD) * JCVI advice re use of 0.5 ml of vaccine added to off-label use section * State that patients should be reassured that the inactivated vaccine cannot cause influenza. However the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season * Note added to special considerations about the lack of evidence of the safety of using Agrippal in latex sensitive individuals (as per [CMO flu letter](https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2017), point 29) | 01 September 2017 |
| V02.00 | * Include aTIV (Fluad®) and related information regarding administration of this product * Change from anaphylaxis training annually to as per Trust policy * Provide further guidance on route of administration for individuals with bleeding disorder or on anticoagulants | 23 August 2018 |
| V03.00 | * Inclusion of cell-based quadrivalent influenza vaccine (QIVc) which is egg-free and information relating to its use in patients with severe egg allergy * Added information outlining that this PGD is not to be used for privately provided community pharmacy services * Amended requirement for training on the recognition and management of anaphylaxis. The requirement is that staff using this PGD must be competent in the recognition and management of anaphylaxis and frequency of training should be agreed locally. * Inclusion of additional information in records section regarding timely sharing of information of when vaccine has been administered in order to avoid duplication of vaccination * Inclusion of morbidly obese adults ‘from 16 years of age’ as specified by [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) of ‘The Green Book’ * Included information relating to the vaccination of people with learning disabilities * Updated wording in off-label and storage sections to contain agreed wording for NI PGDs * Include minor rewording, layout and formatting changes to remove duplication and for clarity and consistency with other NI PGDs and PHE PGD templates | 10 July 2019 |
| V04.00 | * extend the characteristics of staff to include all registered practitioners legally able to work under PGD * include household contacts of those on the NHS Shielded Patient List and, subject to vaccine supply, extension of the programme to individuals from 50 years of age and children in routine age cohorts unable to receive LAIV * update the table of recommended inactivated influenza vaccines for the 2020/21 season * update supplies section * remove reference to Fluad® brand which will not be supplied to UK this season * remove reference to barium sulphate which is no longer listed in the adjuvanted trivalent influenza vaccine SPC as a residue of the manufacturing process * update additional information section * include minor rewording, layout and formatting changes for clarity and consistency with other PHA PGDs | 27 August 2020 |
| V04.00b | * update Criteria for inclusion section to include all health and social care workers (HSCWs) (public funded and independent) | 22 September 2020 |
| V04.00c | * Include QIVe vaccines for all eligible groups (due to stock shortage of QIVc). * Amend licensed age for QIVc on pages 19/20, but note to say that this PGD does not cover administration of QIVc in under 9 year olds (as per CMO flu 2020/21letter). * Update Drug Interactions section to include that influenza vaccine should not be given at same time as Covid vaccine (pending). | 5 November 2020 |
| V05.00 | * include eligible cohorts for the 2021/22 season * include the inactivated influenza vaccines for the 2021/22 season * include minor rewording, layout and formatting changes for clarity and consistency with other PHE PGDs * include minor rewording, layout and formatting changes for clarity and consistency with other PHA PGDs | 13 August 2021 |
| V05.01 | * Name, strength & formulation of drug section updated to reflect advice that over 65s who are Health and Social Care workers have the **option** of either aQIV or QIVc (or QIVe if aQIV or QIVc unavailable); and that community pharmacies can also provide aQIV. | 28 September 2021 |
| V05.02 | * mention consent or ‘best-interests’ decision in accordance with the common law in Northern Ireland * Name, strength & formulation of drug – add note that QIVc may be offered to 65 year and older if aQIV is unavailable. * update drug interactions sections | 12 November 2021 |
| V6.00 | * Inactivated influenza PGD amended to: * include only eligible cohorts for the 2022 to 2023 season * remove the exclusion of ‘individuals who are less than 2 years of age and have had a severe anaphylactic reaction to egg which has previously required intensive care’ and update cautions and off-label section to advise egg-free cell-based influenza vaccine is offered off-label to these individuals in accordance with JCVI advice * include minor rewording, layout and formatting changes for clarity and consistency with other SPPG PGDs | 15th August 2022 |
| V7.00 | * include eligible cohorts for the 2023 to 2024 season * include the recommended influenza vaccines for the 2023 to 2024 season * transfer clinical risk groups from Appendix A into Criteria for Inclusion * include updated advice on co-administration of aQIV with Shingrix® (shingles) vaccine * remove Appendix A | 8th August 2023 |
| V8.00 | * Criteria for Inclusion updated to include individuals who are at higher risk of infection with avian influenza related to their work or similar exposures (as per [HSS(MD) 58/2023](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-58-2023.pdf)) and further information added to ‘Special considerations / additional information’ section. | 28th November 2023 |
| V9.00 | * Criteria for Inclusion updated to include 50 to 64 year olds, people in prisons aged 40 years and over, and all health and social care workers (previously limited to front line health and social care workers) | 8th January 2024 |
| V10.00 | * update eligibility criteria for the 2024 to 2025 season * update Off-label section, Name, strength & formulation of drug section and Special considerations / additional information section to reflect that aQIV is licensed for those aged 50 years and over (however centrally procured stock is only available for use in those aged 65 years and over) * include minor rewording, layout and formatting changes for consistency with other NI PGDs | 1st August 2024 |
| V11.0 | * update eligibility criteria for the 2025 to 2026 season in line with the NI CMO flu letter * include older schoolchildren in a clinical risk group aged 18 years and over who are still in secondary level education (for example, those with special educational needs [SEN]) * updated trivalent formulations as recommended for 2025 to 2026 * align vaccine nomenclature in line with [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) (such as IIVc, not TIVc, so valency is agnostic for future vaccination seasons) * update off-label section to reflect that IIVc is licensed from 6 months of age (rather than 2 years as per last year’s EU product) * reflect updated written resources available and key references section | 7 Aug 2025 |

1. **PGD template development**

**Author group:**

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| --- | --- | --- | --- |
| **Author** | **Name** | **Signature** | **Date** |
| **Pharmacist** | Michelle O’Prey  Pharmacist, SPPG | C:\Users\mbrad006\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Signature MO'Prey.jpg | 29/7/25 |
| **Doctor** | Laura McCartney  Speciality Doctor in Health Protection, PHA |  | 7/8/25 |
| **Nurse** | Clare Doherty  Health Protection Nurse, PHA |  | 7/8/25 |

**Review:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Pharmacist** | Christina Eastwood,  Pharmacist, SPPG |  | 7/8/25 |

1. **Organisational authorisations**
2. **Primary Care Authorisation**

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

SPPG & PHA authorise this PGD for use by the services or providers listed below:

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| Authorised for use by the following organisations and/or services |
| HSC Primary Care commissioned immunisation services |
| Limitations to authorisation |
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| Primary Care approval | | | |
| Role | Name | Sign | Date |
| Consultant in Service Development, PHA | Louise Herron |  | 13/8/25 |
| Interim Head of Pharmacy and Medicines Management, Directorate of Primary Care, SPPG | Kathryn Turner | cid:image001.png@01D789E9.118E1B30 | 15/8/25 |
| Interim Assistant Director for Public Health Nursing for Children and Young People, PHA | Deirdre Ward |  | 14/8/25 |
| Interim Chief Operating Officer of SPPG | Tracey McCaig | J:\Corporate Business\COO Office\Tracey signature\Traceys signature.PNG | 19/8/25 |

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| GP Practice/ Federation Signatory | | | |
| Role | Name | Sign | Date |
| Lead GP to sign |  |  |  |
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[Section 7](#section7) provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

1. **HSC Trust Authorisation**

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

INSERT AUTHORISING TRUST NAME authorise this PGD for use by the services or providers listed below:

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| Authorised for use by the following organisations and/or services |
| e.g. HSC Trusts immunisation services. (Trust to complete) |
| Limitations to authorisation |
| e.g. Any local limitations the authorising organisation feels they need to apply in-line with the way services are commissioned locally. This organisation does not authorise the use of this PGD by …(Trust to complete). |

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| --- | --- | --- | --- |
| Organisational approval | | | |
| Role | Name | Sign | Date |
| Trust to enter details here |  |  |  |

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| Additional signatories according to Trust policy | | | |
| Role | Name | Sign | Date |
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[Section 7](#section7) provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

#### 3. Characteristics of staff

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| **Qualifications and professional registration** | **All practitioners should only administer vaccinations where it is within their scope of clinical practice to do so. Practitioners must also fulfil the** [**additional requirements**](#AdditionalReq) **and** [**continued training requirements**](#ContinuedTrainingReq) **to ensure their competency is up to date, as outlined in the sections below.**  Practitioners working to this PGD must also be one of the following registered professionals who can legally supply and administer under a PGD (see [Patient Group Directions: who can administer them](https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them)):   * nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) * pharmacists currently registered with the Pharmaceutical Society of Northern Ireland (PSNI) * chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC) * dental hygienists and dental therapists registered with the General Dental Council * optometrists registered with the General Optical Council.   Check [Section 2 “Limitations to authorisation”](#section2)to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD. |
| **Additional requirements**  (continued over page)  (continued) | Additionally, practitioners:   * must be authorised by name as an approved practitioner under the current terms of this PGD before working to it * must have undertaken appropriate training for working under PGDs for supply/administration of medicines * must be competent in the use of PGDs (see [NICE Competency framework](https://www.nice.org.uk/guidance/mpg2/resources) for health professionals using PGDs) * must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics ([SPC](https://www.medicines.org.uk/emc#gref)), Immunisation Against Infectious Disease (the ‘[Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)’), and national and local immunisation programmes * must have undertaken training appropriate to this PGD as required by local policy and in line with the [National Minimum Standards and Core Curriculum for Immunisation](https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners). For further information see [Flu immunisation training recommendations](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations) * must be competent to undertake immunisation and to discuss issues related to immunisation * must be competent in the handling and storage of vaccines, and management of the cold chain * must be competent in the recognition and management of anaphylaxis, have completed basic life support training and be able to respond appropriately to immediate adverse reactions; must be familiar with [Resuscitation Council UK (RCUK) guidance on Management of Anaphylaxis in the Vaccination Setting](https://www.resus.org.uk/about-us/news-and-events/rcuk-publishes-anaphylaxis-guidance-vaccination-settings) * must have access to the PGD and associated online resources * should fulfil any additional requirements defined by local policy   **The individual practitioner must be authorised by name, under the current version of this PGD before working according to it.** |
| **Continued training requirements** | Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD).  Practitioners should be constantly alert to any subsequent recommendations from SPPG, PHA and/or Department of Health (NI) and other sources of medicines information.  Note: The most current national recommendations should be followed but a Patient Specific Direction (PSD) may be required to administer the vaccine in line with updated recommendations that are outside the criteria specified in this PGD. |

**4. Clinical condition or situation to which this PGD applies**

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| **Clinical condition or situation to which this PGD applies** | Inactivated influenza vaccine is indicated for the active immunisation of individuals for the prevention of influenza infection, in accordance with the national immunisation programme and recommendations given in [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) of the Immunisation Against Infectious Disease: the ‘Green Book’ and Northern Ireland [annual CMO flu letter](https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2025) (and any subsequent extensions or amendments made to the annual flu programme by subsequent [CMO letter](https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2025)) or correspondence from PHA. |
| **Criteria for inclusion**  (continued over page)  (continued) | In 2025/26, influenza season vaccine should be offered to the following groups:   * individuals aged 65 years and over (including those becoming 65 years by 31st March 2026) * individuals aged 18 years to less than 65 years of age in a clinical risk group listed in [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) of the Green Book such as those with:   + chronic (long-term) respiratory disease, such as asthma (that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD) or chronic bronchitis   + chronic heart disease and vascular disease   + chronic kidney disease at stage 3, 4 or 5   + chronic liver disease   + chronic neurological disease, such as Parkinson’s disease or motor neurone disease   + learning disability   + diabetes and adrenal insufficiency   + asplenia or dysfunction of the spleen   + a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as for cancer)   + morbidly obese adults (aged from 16 years) with a BMI of 40kg/m2 and above * all pregnant women (including those women who become pregnant during the influenza season) * 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 * 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, young offender institutions, university halls of residence or boarding schools. * carers: those who are in receipt of a carer’s allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill * people in prisons aged 55 years and over * all health and social care workers (HSCWs) as per [CMO letter](https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2025). This includes all staff who are employed by HSC organisations and those employed by independent contractors such as:   + - Health and Social Care Trusts including Northern Ireland Ambulance Service (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   **Note:** HSCWs must provide proof they are working in the health and social care sectors either via an employer photo identification badge/ or other proof of employment in a health or social care setting, e.g. payslip, letter from employer on official letterhead plus photographic proof of identification. This must be checked by the vaccinator prior to administration of the vaccine.   * high risk poultry and avian animal health workers[[3]](#footnote-4) * children eligible for the Routine Childhood Seasonal Influenza Vaccination Programme) **and** for whom live attenuated influenza vaccine (LAIV) is contraindicated (or is otherwise unsuitable, for instance due to the route or non-acceptance of porcine gelatine content)   **Note**: For the 2025/26 influenza season, eligible children include:   1. all preschool children aged 2 to 4 years on 1st September 2025 [[4]](#footnote-5) 2. all primary school-aged children (from P1 to P7) [[5]](#footnote-6) [[6]](#footnote-7) 3. all secondary school-aged children (from Year 8 to 12) 5 6 4. Children in [risk groups](#RiskGp) (as above) are eligible from the age of 6 months to less than 18 years. Individuals 18 years and over attending a special education needs (SEN) school and who are in a clinical risk group may also be vaccinated alongside their peers.   See also the [LAIV PGD](https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/).  Additionally in 2025/26, subject to further policy decisions, the vaccination programme may also be extended to additional cohorts. These cohorts will NOT be eligible to receive the vaccine prior to any policy announcement. This PGD can be used for these additional cohorts following policy announcement. The date from which individuals in these additional cohorts may be vaccinated will be formally announced later in the flu season. These cohorts may include:   * all healthy 50 to 64 year olds (note: this will thereby extend the inclusion criteria to people in prisons to those aged **40** years and over) |
| **Criteria for exclusion[[7]](#footnote-8)** | Individuals for whom no valid consent or a ‘best-interests’ decision in accordance with the common law in Northern Ireland in relation to the best interests of the incapacitous individual, has not been obtained (Several resources are available to inform consent (see [Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) of the Green Book or [Reference guide to consent for examination or treatment](https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)).  Individuals who:   * are less than 6 months of age * are aged 2 years to under 18 years for whom live attenuated influenza vaccine (LAIV) is suitable or NOT contraindicated (for instance due to the route or non-acceptance of porcine gelatine content) and is available.   **Note:** LAIV should be given to those aged 2 to under 18 years in preference to inactivated influenza vaccine where possible, see [LAIV PGD](http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/).  **Note:** Unless they are in a clinical risk group and receive LAIV via their GP, IIVc will be the vaccine offered to Health and Social Care workers under 18 years of age.   * have had a confirmed anaphylactic reaction to a previous dose of the vaccine * have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process[[8]](#footnote-9) (other than ovalbumin – see [Cautions](#Cautions)) * have received a complete dose of the recommended influenza vaccine for the current season, unless they are individuals aged 6 months to less than 9 years in a clinical risk (or other eligible) group listed in [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) of the Green Book who should, in the first season they are vaccinated against influenza, receive a second dose of an appropriate influenza vaccine at least 4 weeks after the first dose * are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation). |
| **Cautions including any relevant action to be taken**  (continued over page)  (continued) | Facilities for management of anaphylaxis should be available at all vaccination premises (see [Chapter 8](https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8) of the Green Book and advice issued by the [Resuscitation Council UK](https://www.resus.org.uk/about-us/news-and-events/rcuk-publishes-anaphylaxis-guidance-vaccination-settings)).  Individuals with a bleeding disorder may develop a haematoma at the injection site (see [Route and method of Administration](#RouteofAdmin)).  Individuals with a severe anaphylaxis to egg which has previously required intensive care can be immunised in any setting using a suitable egg-free vaccine, for instance [IIVc](#DescriptionOfTreatment).  Individuals with less severe egg allergy can be immunised in any setting using a suitable egg-free vaccine or an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms per 0.5 ml dose). For details of the ovalbumin content of influenza vaccines see [UKHSA](https://www.gov.uk/government/publications/influenza-vaccines-marketed-in-the-uk) (**note**: not all of these vaccines are procured in NI).    Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. |
| **Action to be taken if the individual is excluded** | In a GP practice setting, inform or refer to the GP or a prescriber as appropriate.  The risk to the individual of not being immunised must be taken into account. The indications for flu vaccination are not exhaustive, and the healthcare practitioner should consider the risk of flu exacerbating any underlying disease that an individual may have, as well as the risk of serious illness from flu itself. Where appropriate, such individuals should be referred, or a Patient Specific Direction (PSD) obtained for immunisation.  In case of postponement due to acute illness, advise when the individual can be vaccinated and ensure another appointment is arranged.  Document the reason for exclusion and any action taken in the patient’s clinical records.  Seek appropriate advice from the Acute Response Health Protection Team (Duty room) or the individual’s clinician when a vaccine is indicated outside the remit of this PGD, rather than delay immunisation. Contacts details are as follows: PHA Duty room 0300 555 0119. |
| **Action to be taken if the individual or carer declines treatment** | In a GP practice setting, inform or refer to the GP as appropriate.  Informed consent, from the individual or a person legally able to act on the person’s behalf, must be obtained for each administration (see [Additional Information](#SpecialConsiderations)). Where an individual lacks the capacity, in accordance with the common law in Northern Ireland in relation to the best interests of the incapacitous individual, a decision to vaccinate may be made in the individual’s best interests.  For further information on consent see [Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) of the Green Book or [Reference guide to consent for examination or treatment](https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)).  Advise individual, parent or carer about the protective effects of the vaccine, the risks of infection and potential complications if not immunised.  Document advice given and the decision reached. |
| **Arrangements for referral for medical advice** | Seek appropriate advice from the individual’s clinician as required. |

**5.** **Description of treatment**

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| **Name, strength & formulation of drug**  (continued over page)  (continued) | Inactivated influenza vaccine suspension in a pre-filled syringe, including:   * adjuvanted inactivated influenza vaccine (aIIV)▼ * cell-cultured inactivated influenza vaccine (IIVc) ▼   The list of all inactivated flu vaccines available in Northern Ireland is also published in the [annual CMO flu letter](https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2025).  Some influenza vaccines are restricted for use in particular age groups. Refer to the vaccine’s [SPC](https://www.medicines.org.uk/emc#gref) and the [off-label](#offlabel) use section for further information.  **Recommended vaccine choice**   |  |  | | --- | --- | | **Age** | **Recommended influenza vaccine for adults (and children unable to receive LAIV)** | | 6 months to less than 2 years | Offer IIVc  Note: LAIV **Fluenz**® and aIIV are not licensed in this age group. | | 2 years to under 18 years of age | Note: The LAIV should be offered to this age group unless contraindicated or unsuitable, e.g. porcine content. See [LAIV PGD](https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/).  For children aged 2 years and over who access the vaccine through general practice and cannot receive LAIV, IIVc should be offered.  **For Health and Social Care workers** < 18 years offer IIVc. If aged < 18 years and in a clinical risk group, they can receive LAIV in General Practice.  Note: aIIV is not licensed in this age group | | 18 years to under 65 years | Offer IIVc  Note: LAIV **Fluenz**® is not licensed in this age group. | | 65 years and over[[9]](#footnote-10),[[10]](#footnote-11) | Offer aIIV unless contraindicated.  **Note:** aIIV should be offered to those aged 64 years, who become 65 years of age before 31 March 2026.  Offer IIVc if aIIV is contra-indicated e.g. due to egg allergy, or if aIIV is unavailable.[[11]](#footnote-12)  **For Health and Social care workers note:** IIVc may be offered to those aged 65 years and over and employed as a Health and Social care worker. Individuals who wish to avail of aIIV should make arrangements with their GP or community pharmacist.  **Note:** LAIV **Fluenz**® is not licensed in this age group. |   **Note: aIIV should not be given to anyone with an egg allergy**. |
| **Legal category** | Prescription only medicine (POM) |
| **Black triangle▼** | IIVc▼ and aIIV▼ products are black triangle.  Being newer vaccines, the Medicines and Healthcare products Regulatory Agency (MHRA) has a specific interest in the reporting of adverse drug reactions for these products. All suspected adverse drug reactions should be reported using the [MHRA Yellow Card Scheme](http://yellowcard.mhra.gov.uk/).  This information was accurate at the time of writing. See product [SPCs](https://www.medicines.org.uk/emc) for indication of current black triangle status. |
| **Off-label use** | Vaccine should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to [Guidance on vaccine handling & storage in GP practices](http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/vaccines/) for advice. Where vaccine is assessed following advice by the Medicine Information Service as appropriate for continued use, this would constitute off-label administration under this PGD.  Where a vaccine is recommended off-label, as part of the consent process, consider informing the individual, parent or carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.  [NICE MPG2 (2017)](https://www.nice.org.uk/Guidance/MPG2) recommendation 1.1.7 states:*‘Ensure that off-label use of a licensed medicine is included in a PGD only when clearly justified by best clinical practice. Clearly state that the medicine is being used outside the terms of the marketing authorisation on the PGD. Consider informing the patient or their carer that the use is off-label, in line with ‘General Medical Council guidance on prescribing unlicensed medicines.’*  Note: Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this PGD, unless permitted off-label administration is detailed above. Refer to products’ [SPCs](https://www.medicines.org.uk/emc) and [CMO influenza letter](https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2025) for more information. |
| **Route and method of administration**  (continued over page)  (continued) | Vaccinators must ensure they are trained and competent to administer the vaccine via the preferred route, to the cohort(s) they have been commissioned to vaccinate.  Administer by intramuscular injection, preferably into deltoid muscle of the upper arm. The anterolateral aspect of the thigh is the preferred site for infants under one year old.  Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up-to-date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (23 gauge or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual’s anticoagulant therapy.  The individual, parent or carer should be informed about the risk of haematoma from the injection.  Influenza vaccines licensed for both intramuscular and subcutaneous administration may alternatively be administered by the subcutaneous route. **Note: IIVc and aIIV are not licensed for subcutaneous administration so should only be administered intramuscularly under this PGD.**  When co-administering with other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations.  The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual’s records. If aIIV needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs.  Shake vaccine suspensions gently before administration.  Visually inspect the vaccine prior to administration for any foreign particulate matter, discolouration or other variation of expected appearance from that described in the vaccine’s [SPC](https://www.medicines.org.uk/emc). Discard the vaccine in accordance with local procedures, should any of these occur.  Check product name, batch number and expiry date before administration.  The [SPCs](https://www.medicines.org.uk/emc) provide further guidance on administration. |
| **Dose and frequency of administration** | Single 0.5ml dose to be administered for the current annual flu season.  Children in a clinical risk group aged 6 months to less than 9 years old (including household contacts of immunocompromised individuals) who have not previously received any doses of influenza vaccine should be offered a second dose of vaccine at least 4 weeks later. The influenza vaccines are interchangeable, although the individual’s age, recommended vaccine and vaccine licence should be considered (see [Off-label use](#OffLabel) section). |
| **Duration of treatment** | As outlined in [Dose and frequency of administration](#DoseAndFreqOfAdmin) above. |
| **Quantity to be supplied / administered** | Single dose of 0.5ml per administration. |
| **Supplies** | Supplies are obtained through the central procurement programme (as per local ordering supply guidance).  Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage. See Trust / [Guidance on vaccine handling & storage in GP practices](https://www.publichealth.hscni.net/publications/guidance-vaccine-handling-and-storage-gp-practices)  and The Green Book [Chapter 3](https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3)). |
| **Storage** | Store at +2°C to +8°C. Do not freeze.  Store in original packaging in order to protect from light.  In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed on a case-by-case basis for suitability of continued off-label use or appropriate disposal.  Breaches in the cold-chain should be reported in line with local arrangements. Vaccines that have been stored outside of the cold-chain should be quarantined and further advice re use should be sought from the NI Medicines Information Service, see [Guidance on vaccine handling and storage in GP practices](https://www.publichealth.hscni.net/publications/guidance-vaccine-handling-and-storage-gp-practices) for contact details.  Vaccine losses outside of secondary care should be reported to the PHA Duty Room (telephone 0300 555 0119) for further risk assessment, including whether individuals need revaccination following a cold chain breach.  Contact the vaccine manufacturer where more specific advice is required about managing a temperature excursion. |
| **Disposal** | Follow local clinical waste policy and standard operating procedures to ensure safe and secure waste disposal.  Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to local waste disposal arrangements and guidance in [(HTM 07-01): safe and sustainable management of healthcare waste](https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/). |
| **Drug interactions**  (continued over page)  (continued) | Immunological response may be diminished in those receiving immunosuppressive treatment, but it is important to still immunise this group.  Influenza vaccines can be co-administered with other vaccines including COVID-19 and shingles vaccines (see [Route and method of administration).](#RouteofAdmin) Initially, a seven day interval was recommended between Shingrix® (shingles) vaccine and adjuvanted influenza vaccine (aIIV) because the potential reactogenicity from 2 adjuvanted vaccines may reduce the tolerability in those being vaccinated. Interim data from a US study on co-administration of Shingrix® with adjuvanted seasonal influenza vaccine is reassuring. Therefore, an appointment for administration of the seasonal influenza vaccine can be an opportunity to also provide shingles vaccine (see [Shingrix® PGD](https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/)).  Where aIIV is given with other vaccines, including other adjuvanted vaccines, the adverse effects of both vaccines may be additive and should be considered when informing the recipient. Individuals should also be informed about the likely timing of potential adverse events relating to each vaccine. If the vaccines are not given together, they can be administered at any interval.  A detailed list of drug interactions is available in the [SPC](https://www.medicines.org.uk/emc) for each vaccine. |
| **Identification & management of adverse reactions** | Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within 1 to 2 days without treatment.  Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur.  A higher incidence of mild post-immunisation reactions has been reported with adjuvanted compared to non-adjuvanted influenza vaccines.  The frequency of injection site pain and systemic reactions may be higher in individuals vaccinated concomitantly with inactivated influenza vaccine and pneumococcal polysaccharide vaccine (PPV23) compared to vaccination with influenza vaccine alone and similar to that observed with PPV23 vaccination alone. Influenza vaccine and PPV23 may be administered at the same visit or at any interval from each other.  A detailed list of adverse reactions is available in the [SPC](https://www.medicines.org.uk/emc#gref) for each vaccine. |
| **Reporting procedure of adverse reactions** | Healthcare professionals and individuals, parents and carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the [Yellow Card reporting scheme](http://yellowcard.mhra.gov.uk/) or by searching for MHRA Yellow Card in the Google Play or Apple App Store.  IIVc, and aIIV are black triangle vaccines. Therefore, all suspected adverse reactions to these vaccines should be reported via the [Yellow Card reporting scheme](https://yellowcard.mhra.gov.uk/), as these particular vaccines are newer to market.  Any adverse reaction to a vaccine should be documented in the individual’s record and the individual’s GP should be informed as appropriate. |
| **Written information to be given to individual or carer**  (continued over page)  (continued) | Offer manufacturer’s patient information leaflet (PIL) provided with the vaccine.  Immunisation promotional material may also be provided (translations also available):   * [Primary school leaflet “Protecting Your Child Against Flu”](https://www.publichealth.hscni.net/publications/protecting-your-child-against-flu-vaccination-your-primary-school-child-english-and-tra) * [Pre-school leaflet “Protecting Your Child against Flu”](https://www.publichealth.hscni.net/publications/protecting-your-child-against-flu-vaccination-your-toddler-or-pre-school-child-english-) * [Flu is more serious than you think: Pregnant women](https://www.publichealth.hscni.net/publications/flu-more-serious-you-think-pregnant-women-english-and-10-translations) * [Flu is more serious than you think: General](https://www.publichealth.hscni.net/publications/flu-more-serious-you-think-english-and-10-translations) * [Health and social care workers Don’t risk flu infection!](https://www.publichealth.hscni.net/publications/health-and-social-care-workers-don%E2%80%99t-risk-flu-infection-0)   Local Trust School Health procedure should be followed with regard to information or other literature issued to children to take home, including for those requiring an additional dose of vaccine.  Where applicable, inform the individual, parent or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the [electronic Medicines Compendium](https://www.medicines.org.uk/emc/xpil#gref). |
| **Advice and follow up treatment** | Individuals should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season.  Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the influenza vaccination of their household contacts.  Inform the individual, parent or carer of possible side effects and their management.  The individual, parent or carer should be advised to seek medical advice in the event of an adverse reaction and encouraged to report this via the [Yellow Card reporting scheme](http://yellowcard.mhra.gov.uk).  In case of postponement due to acute illness, advise when the individual can be vaccinated and how future vaccination may be accessed.  When applicable, advise the individual, parent or carer when to return for vaccination or when a subsequent vaccine dose is due.  Where an individual is eligible and due to receive another HSC vaccine (such as shingles or COVID-19) and it is not available from the provider, the individual should be signposted to their GP practice or an alternative appropriate HSC provider. |
| **Special considerations and additional information**  (continued over page)  (continued) | Ensure there is immediate access to adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination.  Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.  Individuals not registered with a GP practice may be vaccinated at the professional discretion of the practitioner weighing up risks and benefits for the individual. They should be encouraged to register with a GP as appropriate to their circumstances or be referred to appropriate alternative medical services as required.  For children under the age of 16 years, those assessed as Gillick competent can self-consent (for further information on consent, see [Reference guide to consent for examination or treatment](https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)).  Individuals with learning disabilities may require reasonable adjustments to support vaccination (see [Flu vaccinations: supporting people with learning disabilities](https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities)). A PSD may be required.  The licensed ages for the 2025 to 2026 season influenza vaccines are:   * IIVc is licensed from 6 months of age * aIIV is licensed from 50 years of age (however centrally procured stock is only available for use in those aged 65 years and over) * LAIV **Fluenz®** is licensed from 24 months to less than 18 years (see [LAIV PGD](http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/))   As in previous years, LAIV will be the vaccine offered to the routine age cohorts for the childhood flu vaccination programme as this is the most effective vaccine for this programme. If the parent of an eligible child refuses LAIV because of its porcine gelatine content (and they understand that it is the most effective product in the programme), a policy decision has been made that they can request an alternative injectable vaccine. IIVc has been procured for these children.  Seasonal influenza vaccination may be offered for those at higher risk of infection with avian influenza related to their work or similar exposures. People at highest risk are likely to be those undertaking culling or cleaning at confirmed avian influenza outbreak premises, or handling live unwell birds. Workers employed at, or regularly visiting, statutorily-registered poultry units and poultry processing units, may also be at risk if they have direct exposure to bird faeces/litter such as through initial egg sorting or cleaning of premises. People involved in collection of wild bird carcasses where  avian influenza is suspected should also be considered for vaccination. |
| **Records**  (continued over page)  (continued) | Verbally confirm individual’s name, address and date of birth and  Record:   * that valid informed consent was given or a decision to vaccinate made in the individual’s best interests in accordance with the common law in Northern Ireland in relation to the best interests of the incapacitous individual * name of individual, address, date of birth and GP with whom the individual is registered * clinical risk group indication for immunisation if applicable * name of immuniser * name and brand of vaccine * date of administration * dose, form and route of administration of vaccine * quantity administered * batch number and expiry date * anatomical site of vaccination * advice given, including advice given if excluded or declines immunisation * details of any adverse drug reactions and actions taken * supplied and administered via PGD   Records should be signed and dated by the practitioner (or password controlled on e-records).  All records should be clear, legible and contemporaneous.  As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number and anatomical site at which each vaccine is given is accurately recorded in the individual’s records.  It is important that vaccinations given either at a general practice or elsewhere (e.g. at antenatal clinic) are recorded on appropriate health records for the individual (using the appropriate clinical code) in a timely manner. If given elsewhere, systems should be in place to ensure a record of vaccination is returned to the individual’s general practice to allow clinical follow up and to avoid duplicate vaccination.  For pregnant women, also record immunisation in the hand-held and electronic maternity record if available.  The local Child Health Information Systems team (Child Health Records Department) must be notified using the appropriate documentation/pathway when vaccine is administered to individuals under 19 years of age.  A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. |

**6. Key references**

|  |  |
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| **Key references**  (continued over page)  (continued) | **Inactivated influenza Vaccination**   * UKHSA Inactivated influenza vaccine: patient group direction (PGD) template. Updated July 2025 <https://www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template> * Immunisation Against Infectious Disease: The Green Book, [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19). Published 29 May 2025 <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> * DH(NI) The Seasonal Influenza Vaccination programme 2025/26 (CMO letter)   <https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2025>   * Immunisation training, Public Health Agency   <https://www.publichealth.hscni.net/directorate-public-health/health-protection/immunisationvaccine-preventable-diseases>   * SPPG/PHA. Live attenuated influenza vaccine (LAIV) PGD <https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/> * Summary of Product Characteristics Cell-based Trivalent Influenza Vaccine (Surface Antigen, Inactivated) Seqirus suspension for injection in pre-filled syringe (IIVc) <https://www.medicines.org.uk/emc/product/15818/smpc> * Summary of Product Characteristics Adjuvanted Trivalent Influenza Vaccine (Surface Antigen, Inactivated) Seqirus suspension for injection in pre-filled syringe (aIIV) <https://www.medicines.org.uk/emc/product/10444/smpc> * Flu immunisation training recommendations. Updated 8 August 2023.   <https://www.gov.uk/government/publications/flu-immunisation-training-recommendations>   * Flu Vaccinations: Supporting people with learning disabilities. Updated 25 September 2018.   <https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities>  **General**   * NHSE Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste Updated 26 January 2024   <https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/>   * Immunisation Against Infectious Disease: The Green Book, Chapter 2, updated 18 November 2024   <https://www.gov.uk/government/publications/consent-the-green-book-chapter-2>   * Department of Health and Social Care. Reference guide to consent for examination or treatment (second edition). 4th August 2009   <https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>   * National Minimum Standards and Core Curriculum for Immunisation Training. Published February 2018 <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners> * NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions. Published March 2017. <https://www.nice.org.uk/guidance/mpg2> * NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated March 2017.   <https://www.nice.org.uk/guidance/mpg2/resources>   * UKHSA Immunisation Collection <https://www.gov.uk/government/collections/immunisation> * PHA. Guidance on vaccine handling and storage in GP practices. <https://www.publichealth.hscni.net/publications/guidance-vaccine-handling-and-storage-gp-practices> |

**7. Multiple practitioner authorisation sheet**

**Inactivated Influenza PGD V11.0**

**Valid from: 1 September 2025 Expiry: 1 April 2026**

Before signing this PGD check that the document has had the necessary authorisations in section 2. Without these this PGD is not lawfully valid.

**Practitioner**

By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

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| I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct. | | | |
| Name | Designation | Signature | Date |
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**Authorising manager**

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| I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of the organisation for the above named healthcare professionals who have signed the PGD to work under it. | | | |
| Name | Designation | Signature | Date |
|  |  |  |  |

**Note to authorising manager**

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation. This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

Print extra copies of this page as required. Page \_\_ of \_\_

1. This includes any relevant amendments to legislation [↑](#footnote-ref-2)
2. [Good Management, Good Records - Disposal Schedule | Department of Health (health-ni.gov.uk)](https://www.health-ni.gov.uk/publications/good-management-good-records-disposal-schedule) [↑](#footnote-ref-3)
3. See [HSS(MD) 43/2024](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-43-2024.pdf) [↑](#footnote-ref-4)
4. Children born between 2 July 2021 and 1 September 2023 are considered eligible. [↑](#footnote-ref-5)
5. School children outside the usual age range for their class (for example those accelerated or held back a year) may be offered and given the vaccine alongside their peers. [↑](#footnote-ref-6)
6. Includes children who are home-schooled or otherwise not in mainstream education. [↑](#footnote-ref-7)
7. Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required. [↑](#footnote-ref-8)
8. Residues from the manufacturing process may include beta-propiolactone, cetyltrimethylammonium bromide (CTAB), formaldehyde, gentamicin, hydrocortisone, kanamycin, neomycin, octoxinol-9, octylphenol ethoxylate, polysorbate 80, sodium deoxycholate. Check the vaccine products [SPC](https://www.medicines.org.uk/emc) for details. [↑](#footnote-ref-9)
9. Including those turning age 65 years by 31 March 2026 [↑](#footnote-ref-10)
10. aIIV is licensed for those aged 50 years and over. However centrally procured stock is only available for use in those aged 65 years and over. [↑](#footnote-ref-11)
11. IIVc should be offered only when every attempt to use aIIV has been exhausted. [↑](#footnote-ref-12)