## Vaccination protocol for inactivated influenza vaccine (IIV)

Reference no: Inactivated influenza vaccine protocol

Version no: v4.0

Valid from: 1 September 2025

Expiry date: 1 April 2026

This protocol is for the administration of inactivated influenza vaccine to individuals in accordance with the national influenza immunisation programme.

This protocol is for the administration of inactivated influenza vaccine by appropriately trained persons in accordance with [regulation 247A](https://www.legislation.gov.uk/uksi/2020/1125/regulation/14/made) of the [Human Medicines Regulations 2012](https://www.legislation.gov.uk/uksi/2012/1916/contents) (HMR 2012), inserted by [The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020](https://www.legislation.gov.uk/uksi/2020/1125/contents/made).

The Strategic Planning and Performance Group (SPPG) and the Public Health Agency (PHA) have adapted the UK Health Security Agency’s (UKHSA) inactivated influenza vaccine national protocol v7.0 (Publications gateway number GOV-18486). SPPG and PHA have developed this protocol for authorisation by the Northern Ireland Minister for Health to facilitate the delivery of the national influenza immunisation programme in Northern Ireland.

This protocol may be followed wholly from assessment through to post-vaccination by an appropriately registered healthcare professional (see [Characteristics of staff](#CharacteristicsOfStaff)). Alternatively, multiple persons may undertake stages in the vaccination pathway in accordance with this protocol and the general requirements of the Human Medicines Regulations 2012 and Medicines Act 1968, as appropriate. Where multiple person models are used, the service provider/contractor must ensure that all elements of the protocol are complied with, in the provision of vaccination to each individual. The provider/contractor is responsible for ensuring that persons are trained and competent to safely deliver the activity they are employed to provide under this protocol and that adequate supervision arrangements are in place. As a minimum, competence requirements stipulated in the protocol under [Characteristics of staff](#CharacteristicsOfStaff) must be adhered to.

The provider/contractor and registered healthcare professionals are responsible for ensuring that they have adequate and appropriate indemnity cover.

Persons must be authorised by name to work under this protocol. They must ensure they meet the staff characteristics for the activity they are undertaking, make a declaration of competence and be authorised in writing. This can be done by completing [Section 4](#Section4) of this protocol or maintaining an equivalent electronic record.

A clinical supervisor, who must be a registered doctor, nurse or pharmacist trained and competent in all aspects of the protocol, must be present and take overall responsibility for provision of vaccination under the protocol at all times and be identifiable to service users. Any time the protocol is used, the name of the clinical supervisor taking responsibility and all the people working under different stages of the protocol must be recorded for the session. The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the protocol. Staff working under the protocol may be supported by additional registered healthcare professionals, but the clinical supervisor retains overall responsibility. Staff working to the protocol must understand who the clinical supervisor for their practice at any time is and can only proceed with their authority. The clinical supervisor may withdraw this authority for all members of staff or individual members of staff at any time and has authority to stop and start service provision under the protocol as necessary. Every member of staff has a responsibility to, and should, report immediately to the clinical supervisor any concerns they have about working under the protocol in general or about a specific individual, process, issue or event.

Operation under this protocol is the responsibility of service providers/contractors. Provider organisations/contractors using this protocol should retain copies, along with the details of those authorised to work under it, for 25 years after the protocol expires.

Individual users must check that they are using the current version of this protocol and current versions of any documents this protocol refers to. Amendments may become necessary prior to the published expiry date. Current versions of national protocols, authorised by or on behalf of the Minister for Health for Northern Ireland, in accordance with regulation 247A of the HMR 2012 can be found via:

* Trust Intranet or
* [Primary Care Intranet](http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/)

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

pha.immunisation@hscni.net

# **Change history**

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| **Version number** | **Change details** | **Date** |
| V1.0 | * New national protocol for inactivated influenza vaccine
 | 6 October 2021 |
| V2.0 | * include only eligible cohorts for the 2022 to 2023 season
* include the inactivated influenza vaccines 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 and the annual flu letter
* include minor rewording, layout and formatting changes for clarity and consistency with other national protocols including amending references to HSCB and PHE where applicable
 | 26 August 2022 |
| V3.0 | * 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 national protocols
 | 8 August 2024 |
| V4.0 | * Updated with eligibility criteria for the 2025 to 2026 season in line with the flu letter
* to 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])
* with trivalent formulations as recommended for 2025 to 2026
* to align vaccine nomenclature in line with Chapter 19 (such as IIVc, not TIVc, so valency is agnostic for future vaccination seasons)
* reflect updated written resources available and key references section
 | 13 August 2025 |

1. **Ministerial and clinical authorisation**

This protocol is not legally valid, in accordance with [regulation 247A](https://www.legislation.gov.uk/uksi/2020/1125/regulation/14/made) of the [HMR 2012](https://www.legislation.gov.uk/uksi/2012/1916/contents), inserted by the [Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020](https://www.legislation.gov.uk/uksi/2020/1125/contents/made), until it is approved by the Minister for Health.

On 03/09/25 the Minister for Health, Mike Nesbitt MLA, approved this protocol in accordance with [regulation 247A](https://www.legislation.gov.uk/uksi/2020/1125/regulation/14/made) of HMR 2012.

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| **Ministerial Authorisation** |
| **Role** | **Name** | A screenshot of a computer  Description automatically generated**Sign** | **Date** |
| Minister for Health | Mike Nesbitt MLA |  | 03/09/25 |

Unless explicitly revoked, the Minister for Health’s approval of this protocol remains valid in the event of any subsequent variation to the inactivated influenza vaccination specifications or key reference material set out in this protocol.

This protocol provides clinical authorisation for the delivery of the national inactivated influenza immunisation programme

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| **Clinical Authorisation** |
| **Role** | **Name** | **Sign** | **Date** |
| Consultant in Public Health, PHA | Dr Louise Herron |   | 29/08/2025 |
| Interim Assistant Director for Public Health Nursing for Children and Young People, PHA | Ms Deirdre Ward |  | 01/09/25 |
| Interim Head of Pharmacy and Medicines Management, Directorate of Primary Care, SPPG  | Mrs Kathryn Turner | C:\Users\ceast004.hscb\Desktop\kt.jpg | 26/8/2025 |

Any provider/contractor administering inactivated influenza vaccine under this protocol must work strictly within the terms of this protocol and any relevant contractual arrangements with the commissioner for the delivery of the national influenza immunisation programme.

Assembly, preparation and administration of vaccines supplied and administered under this protocol must be subject to all HSC governance arrangements and standard operating procedures that ensure that the safety, quality or efficacy of the product is not compromised. The assembly, preparation and administration of the vaccines should also be in accordance with the general requirements of the Human Medicines Regulations 2012 and Medicines Act 1968, and with the [Summary of Product Characteristics](https://www.medicines.org.uk/emc#gref) (SPC).

Note: The national inactivated influenza immunisation programme may also be provided under a patient group direction (PGD) or on a patient specific basis (that is, by or on the directions of an appropriate independent prescriber, such as under a patient specific direction (PSD)). Supply and administration in these instances should be in accordance with contractual arrangements with the commissioner for the delivery of the national inactivated influenza immunisation programme and are not related to this protocol.

#### Characteristics of staff

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| Classes of persons permitted to administer medicinal products under this protocol |
| This protocol may be followed wholly from assessment through to post-vaccination by an appropriately registered healthcare professional (see [Table 2](#Table2)). Alternatively, multiple persons may undertake stages in the vaccination pathway in accordance with this protocol. Where multiple person models are used, the service provider or contractor must ensure that all elements of the protocol are complied with, in the provision of vaccination to each individual. The service provider or contractor is responsible for ensuring that there is a clinical supervisor present at all times and that persons are trained and competent to safely deliver the activity they are employed to provide under this protocol. As a minimum, competence requirements stipulated in the protocol must be adhered to.The provider/contractor and registered healthcare professionals are responsible for ensuring that they have adequate and appropriate indemnity cover.This protocol is separated into operational stages of activity as outlined in [Table 1](#Table1).The clinical supervisor must be a registered doctor, nurse or pharmacist trained and competent in all aspects of the protocol and provide clinical supervision, see page 1 and 2), for the overall provision of clinical care provided under the legal authority of the protocol.**Table 1: Operational stages of activity under this protocol**

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| Stage 1 | 1. Assessment of the individual presenting for vaccination
2. Provide information and obtain informed consent[[1]](#footnote-1)
3. Provide advice to the individual
 | Specified registered healthcare professionals only (see [Table 2](#Table2)) |
| Stage 2 | * Vaccine preparation
 | Specified registered healthcare professionals or specified non-registered persons |
| Stage 3 | * Vaccine administration
 | Specified registered healthcare professionals or specified non-registered persons |
| Stage 4 | * Record keeping
 | Specified registered healthcare professionals or specified non-registered persons |

Persons must only work under this protocol where they are competent to do so. Non-professionally qualified persons operating under this protocol must be adequately supervised by experienced registered healthcare professionals. Protocols do not remove inherent professional obligations or accountability. All persons operating under this protocol must work within their terms of employment at all times; registered healthcare professionals must also abide by their professional code of conduct.To undertake the assigned stage(s) of activity under this protocol, persons working to this protocol must meet the criteria specified in [Table 2](#Table2) (see below).**Table 2: Protocol stages and required characteristics of persons working under it**

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| **Persons working to this protocol must meet the following criteria, as applicable to undertake their assigned stage(s) of activity under this protocol:** | **Stage 1** | **Stage 2** | **Stage 3** | **Stage 4** |
| must be authorised by name as an approved person under the current terms of this protocol before working to it, see [Section 4](#Section4) | Y | Y | Y | Y |
| must be competent to assess individuals for suitability for vaccination, identify any contraindications or precautions, discuss issues related to vaccination and obtain informed consent1 and must be an appropriately qualified prescriber or one of the following registered professionals who can operate under a PGD or as an occupational health vaccinator in accordance with [HMR 2012](https://www.legislation.gov.uk/uksi/2012/1916/contents):* 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.
* Doctors currently registered with a licence to practice with the General Medical Council.
* Dentists currently registered with the General Dental Council.
 | Y | N | N | N |
| must be familiar with the vaccine product and alert to any changes in the manufacturer’s Summary of Product Characteristics ([SPC](https://www.medicines.org.uk/emc#gref)) and familiar with the national recommendations for the use of this vaccine | Y | Y | Y | N |
| must be familiar with and alert to changes in relevant chapters of Immunisation Against Infectious Disease: the [Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) | Y | Y | Y | N |
| must be familiar with and alert to changes in the relevant local standard operating procedures (SOPs) and commissioning arrangements for the national inactivated influenza immunisation programme | Y | Y | Y | Y |
| must have undertaken training appropriate to this protocol and relevant to their role, as required by relevant local policy and SOPs. For further information see [Flu immunisation training recommendations](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations) | Y | Y | Y | N |
| must have undertaken training to meet the minimum standards in relation to vaccinating those under 18, if relevant, as required by national or local policy | Y | N | Y | N |
| must be competent in the correct handling and storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine | N | Y | Y | N |
| must be competent in intramuscular injection technique if they are administering the vaccine | N | N | Y | N |
| must be competent in the recognition and management of anaphylaxis, have completed basic life support training and able to respond appropriately to immediate adverse reactions; must be familiar with [Resuscitation Council UK (RCUK) Anaphylaxis guidance for vaccination setting](https://www.resus.org.uk/about-us/news-and-events/rcuk-publishes-anaphylaxis-guidance-vaccination-settings)s | Y | N | Y | N |
| must have access to the protocol and relevant [influenza immunisation programme](https://www.gov.uk/government/collections/annual-flu-programme) online resources such as the [Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book), particularly [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19), and PHA Influenza Immunisation Programme factsheet [Influenza immunisation programme: Factsheet for healthcare practitioners | HSC Public Health Agency (hscni.net)](https://www.publichealth.hscni.net/publications/influenza-immunisation-programme-201718-factsheet-healthcare-practitioners)  | Y | Y | Y | N |
| must understand the importance of making sure vaccine information is recorded on the relevant data system, meeting the relevant competencies of the [flu vaccinator competency assessment tool](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations) | Y | Y | Y | Y |
| must have been signed off as competent using the [flu vaccinator competency assessment tool](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations) if new to or returning to immunisation after a prolonged period (more than 12 months), or have used the tool for self-assessment if an experienced vaccinator (vaccinating within past 12 months) | Y | Y | Y | Y |
| should fulfil any additional requirements defined by local or national policy | Y | Y | Y | Y |

**Table 3: Specified non-registered person (this includes registered healthcare professionals (not listed in** [**Table 2**](#Table2professionals) **above)**The following persons are permitted to practice under the protocol with appropriate supervision and subject to the requirements set out in [Table 2](#Table2).* Veterinary surgeons currently registered with the Royal College of Veterinary Surgeons
* Pharmacy technicians and Pharmacy Foundation Year trainees
* Retired clinical practitioners who have left the register in good standing such as doctors, dentists, pharmacists, nurses, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
* Student doctors, dentists, pharmacists, nurses, midwives, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
* Healthcare scientists
* Dental nurses
* Physician’s associates
* Optometry staff
* Emergency Medical Technicians who work for NI Ambulance Service
* Healthcare Support Workers who have an NVQ in healthcare or 2 years’ experience in the health sector
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**Stage 1: Assessment of the individual presenting for vaccination**

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| **Activity stage 1a:** | **Assess the individual presenting for vaccination** **against the inclusion and exclusion criteria below. If they are not eligible for vaccination or need to return at a later date, advise them accordingly.** |
| **Clinical condition or situation to which this protocol applies** | Inactivated influenza vaccine (IIV) is indicated for the active immunisation of individuals for the prevention of influenza infection. Immunisation is indicated 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 [Department of Health for Northern Ireland (DH(NI))](https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications) and subsequent correspondence and publications from DH(NI) or PHA. |
| **Criteria for inclusion**(continued over page)**Criteria for inclusion**(continued) | This protocol includes vaccination of all individuals eligible for IIV across the national influenza immunisation programme. Users of this protocol should note that where they are commissioned to immunise certain groups, this protocol does not constitute permission to offer influenza immunisation beyond the groups they are commissioned to immunise. 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 6 months 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[[2]](#footnote-2)
* children eligible for the Routine Childhood Seasonal Influenza Vaccination Programme) 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 [[3]](#footnote-3)
2. all primary school-aged children (from P1 to P7) [[4]](#footnote-4) [[5]](#footnote-5)
3. all secondary school-aged children (from Year 8 to 12) 4,5

Children in risk groups (as above) are eligible from the age of 6 months. 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 protocol 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[[6]](#footnote-6)** (continued over page)**Criteria for exclusion**(continued) | Individuals for whom valid consent or a ‘best-interests’ decision inaccordance with the common law in Northern Ireland in relation to the best interests of the incapacitous individual has not been received. 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)).A number of PHA resources are available to inform consent (see [Written information to be given to individual or carer](#Written_information_to_be_given_to_indiv) section).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[[7]](#footnote-7) (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** | 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. 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 as follows: PHA Duty room 0300 555 0119. |
| **Action to be taken if the individual or carer declines treatment** | Informed consent, from the individual or a person legally able to act on the person’s behalf, must be obtained for each administration and recorded appropriately. Where a person 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 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. Inform or refer to the GP or a prescriber as appropriate. |
| **Referral procedure** | Seek appropriate advice from the individual’s clinician as required. |

**STAGE 1b: Description of treatment and advice to the individual**

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| **Activity stage 1b:** | **Consider any relevant cautions, interactions or adverse drug reactions.** **Provide advice to the individual and obtain** [**informed consent1**](#informedConsent)**.****Record individual’s consent1 and ensure vaccinator, if another person, is informed of the vaccine product to be administered.** |
| **Name, strength and formulation of drug**(continued over page)**Name, strength and formulation of drug**(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) and the off-label use section for further information.**Recommended vaccine choice**

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| **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[[8]](#footnote-8),[[9]](#footnote-9)  | Offer aIIV unless contraindicated.**Note:** aIIV should be offered to those aged 64 years, who become 65 years of age before 31 March 2025.Offer IIVc if aIIV is contra-indicated e.g. due to egg allergy, or if aIIV is unavailable.[[10]](#footnote-10) **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▼**  | Yes, IIVc and aIIV vaccines are currently black triangle products. 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** | 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 outside of product licence but in accordance with national guidance.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 protocol.Note: Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this protocol, 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. |
| **Drug interactions**  | 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 7 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 and 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 one 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) 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 search for MHRA Yellow Card in the Google Play or Apple App Store.IIVc and aIIV are designated as black triangle products. All suspected adverse reactions to these vaccines should be reported via the [Yellow Card Scheme](http://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** | 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)

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). |
| **Advice and follow up treatment** (continued over page)**Advice and follow up treatment** (continued) | 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 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 when 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. |
| **Special considerations and additional information**  | 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 requiredFor children under the age of 16 years, those assessed as Gillick competent can self-consent (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)).Individuals with learning disabilities may require reasonable adjustments to support vaccination (see [Flu vaccinations for 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 licensed from 6 months of age
* aIIV 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.  |

**Stage 2: Vaccine Preparation**

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| **ACTIVITY STAGE 2:** | **Vaccine preparation** |
| **Vaccine presentation** | Single (0.5ml) dose pre-filled syringe |
| **Supplies** | Supplies are obtained through the central procurement programme (as per local ordering / supply guidance). |
| **Storage** | Store at +2°C to +8°C. Do not freeze.Store in original packaging in order to protect from light. Protocols for the storage and handling of vaccines should be followed to prevent vaccine wastage. See Trust guidelines / [Guidance on vaccine handling and 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)).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. |
| **Vaccine preparation** | Shake vaccine suspensions gently before administration.Visually inspect the vaccine prior to administration for any foreign particulate matter, discoloration 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](http://www.medicines.org.uk) provide further guidance on preparation. |

**Stage 3: Vaccine Administration**

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| **ACTIVITY STAGE 3:** | **Before administering the vaccine, ensure:**1. **The individual has been assessed in accordance with stage one of this protocol.**
2. **The vaccine to be administered has been identified as appropriate for the individual’s age by the registered practitioner consenting the individual**
3. **Consent for vaccination has been provided and documented.1**

**Administer the inactivated influenza recommended by the assessing practitioner** **in accordance with the summary table below. Provide any post-vaccination advice.** |
| **Vaccine to be administered** (continued over page)**Vaccine to be administered** (continued) | Inactivated influenza vaccine suspension in a pre-filled syringe, including:* adjuvanted inactivatedinfluenza vaccine (aIIV)▼
* cell-cultured inactivatedinfluenza 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) and the [off-label use](#off_label) section for further information.**Recommended vaccine choice**

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| **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.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[[11]](#footnote-11),[[12]](#footnote-12) | 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.[[13]](#footnote-13) **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**. |
| **Dose and frequency of administration**  | Single 0.5ml dose to be administered for the current annual flu season (1 September 2025 to 31 March 2026). Children in a clinical risk group (including household contacts of immunocompromised individuals) aged 6 months to less than 9 years old 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](#off_label) section). |
| **Duration of treatment** | As outlined above in [dose and frequency of administration](#DoseAndFreq). |
| **Quantity to be supplied and administered** | Single dose of 0.5ml per administration. |
| **Route and method of administration**(continued over page)**Route and method of administration**(continued) | Administer by intramuscular injection, preferably into the deltoid muscle of the upper arm. The anterolateral aspect of the thigh is the preferred site for infants under 1 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. If the registered professional clinically assessing the individual is not the vaccinator, they must ensure the vaccinator is aware of the individual’s increased risk of haematoma and the need to apply firm pressure to the injection site for at least 2 minutes. 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 protocol.**When co-administering with other vaccines, care should be taken to ensure that the appropriate route of injection is used for all of 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. If aIIV needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs. The site at which each vaccine was given should be noted in the individual’s records.Shake vaccine suspensions gently before administration. Visually inspect the vaccine prior to administration for any foreign particulate matter, discoloration 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.  |
| **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 authority arrangements and NHSE guidance in [(HTM 07-01): Management and disposal of healthcare waste](https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/). |
| **Post-vaccination advice**  | Ensure the individual has been provided with appropriate written information such as the:* Market authorisation holder’s patient information leaflet (PIL)
* [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)

For information leaflets in accessible formats and alternative languages, please visit [Home – Health Publications](https://www.healthpublications.gov.uk/). 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). |

**Stage 4: Recording vaccine adminstration**

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| **ACTIVITY STAGE 4:** | **Complete a record of vaccination for the individual and in accordance with local policy.****The required records should be completed by the person who is undertaking the recorded activity or a designated record keeper who is a witness to the activity undertaken.** |
| **Records** | The practitioner must ensure the following is recorded: * 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 (or record where an individual is not registered with a GP)
* clinical risk group indication for immunisation if applicable
* name of clinical supervisor
* name of immuniser and, where different from the immuniser, ensure the professional assessing the individual and person completing the vaccine record are identified
* 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 the individual is excluded or declines immunisation
* details of any adverse drug reactions and actions taken
* supplied via national protocol

All records should be clear, legible and contemporaneous. Records should be signed and dated (or password controlled on e-records).As a wide variety of influenza vaccines are available on the market each year, it is especially important that the exact brand of vaccine, batch number and site at which each vaccine is given is accurately recorded in the individual’s records. It is important that vaccinations are recorded in a timely manner on appropriate health care records for the individual. Systems should be in place to ensure this information is returned to the individual’s general practice record in a timely manner to allow clinical follow-up and to avoid duplicate vaccination.For pregnant women, also record immunisation in the 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 protocol should also be kept for audit purposes in accordance with local and national policy. |

**Key references**

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| **Key references** (continued over page)**Key references** (continued) | **Inactivated influenza vaccination*** UKHSA. Inactivated influenza vaccine protocol v7.0 (with thanks) <https://www.gov.uk/government/publications/national-protocol-for-inactivated-influenza-vaccine>
* Immunisation Against Infectious Disease: The Green Book, [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19). Updated 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 7 February 2018 <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>
* UKHSA Immunisation Collection <https://www.gov.uk/government/collections/immunisation>
* Vaccine Incident Guidance <https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>
* Regulation 247A, UK Statutory Instrument 2012 No. 1916, The Human Medicines Regulations 2012, as amended.

<https://www.legislation.gov.uk/uksi/2012/1916/regulation/247A> * UK Statutory Instrument 2022 No. 350, The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2022.

<https://www.legislation.gov.uk/uksi/2022/350/made>* PHA. Guidance on vaccine handling and storage in GP practices. <https://www.publichealth.hscni.net/publications/guidance-vaccine-handling-and-storage-gp-practices>
 |

**4. Practitioner / staff authorisation sheet**

**Inactivated influenza vaccine protocol v4.0**

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

This authorisation sheet should be retained to serve as a record of those persons authorised to work under this protocol.

By signing this protocol you are indicating that you agree to its contents and that you will work within it.

Protocols do not remove inherent professional obligations or accountability. All persons operating under this protocol must work within their terms of employment at all times; registered healthcare professionals must abide by their professional code of conduct.

It is the responsibility of each person operating under this protocol to do so within the bounds of their own competence.

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| I confirm that I have read and understood the content of this protocol and that I am willing and competent to work to it within my professional code of conduct. |
| Name | Designation | Activity Stage: | Signature | Date |
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**Authorising registered healthcare professional**

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| I confirm that I, as a registered healthcare professional who is familiar with the competence required in all aspects of this protocol, provide authority on behalf of the below named provider organisation, that the persons named above are competent to work under this protocol and may provide vaccination in accordance with this protocol in the course of working for INSERT NAME OF ORGANISATION / SERVICE  |
| Name | Designation | Signature | Date |
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**Note to authorising registered healthcare professional**

Score through unused rows in the list of persons to prevent additions post authorisation.

If the clinical supervisor is also the authorising registered healthcare professional, they may make a self-declaration of competency above.

1. For those lacking mental capacity, a decision may be 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 [↑](#footnote-ref-1)
2. See [HSS(MD) 43/2024](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-43-2024.pdf) [↑](#footnote-ref-2)
3. Children born between 2 July 2021 and 1 September 2023 are considered eligible. [↑](#footnote-ref-3)
4. 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-4)
5. [↑](#footnote-ref-5)
6. Includes children who are home-schooled or otherwise not in mainstream education. Exclusion under this protocol 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-6)
7. 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-7)
8. Including those turning age 65 years by 31 March 2026. [↑](#footnote-ref-8)
9. 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-9)
10. IIVc should be offered only when every attempt to use aIIV has been exhausted. [↑](#footnote-ref-10)
11. Including those turning age 65 years by 31 March 2026. [↑](#footnote-ref-11)
12. 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-12)
13. IIVc should be offered only when every attempt to use aIIV has been exhausted. [↑](#footnote-ref-13)