Influenza vaccine (IIV and LAIV) Vaccine Group Direction (VGD)

This VGD is for the administration of inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV) nasal spray suspension to individuals in accordance with the national influenza immunisation programme and applicable service specifications.

This VGD is for use by registered healthcare practitioners identified in section 3, subject to any limitations to authorisation detailed in section 2.

Reference no:	Influenza vaccine (IIV and LAIV) VGD
Version no:	v1.0
Valid from:	1 September 2026
Expiry date:	1 April 2027

The Strategic Planning and Performance Group (SPPG) and the Public Health Agency (PHA) have adapted the Influenza vaccine (IIV and LAIV) Vaccine Group Direction (VGD) from the UK Health Security Agency (UKHSA) (**Publications gateway number: GOV-21142**). SPPG and PHA have developed this VGD for authorisation by the Department of Health Northern Ireland (DoH) to facilitate the delivery of the national influenza programme in Northern Ireland. Those using this VGD 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 the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The VGD is not legal or valid without signed authorisation in accordance with HMR 2012**.

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. Section 2 may be amended only by the person(s) authorising the VGD, in accordance with (HMR2012)[1] regulation 235A, on behalf of DoH. In addition, authorising organisations must not alter section 3 (Characteristics of staff). **Section 7 can be edited within the designated editable fields provided, but only for the purposes for which these sections are provided, namely the responsibilities and governance arrangements of the commissioned organisation using the VGD. The fields in section 7 cannot be used to alter, amend or add to the clinical content. Such action will invalidate the SPPG/PHA clinical content authorisation which is provided in accordance with the regulations. The legal validity of this VGD is contingent on those authorising section 7 complying with the above.**

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

Individual practitioners must be authorised by name, to work according to the current version of this VGD by signing section 7. A manager with the relevant level of authority should also provide a countersignature unless by exception there are arrangements for self-declaration. Providers are also reminded to ensure vaccination is in line with the contractual arrangements and limitations of service provision agreed with the service commissioner as well as the criteria for inclusion.

Practitioners and organisations should be aware that operating department practitioners are not enabled to work under step 1 of a VGD. However, these staff groups may work under steps 2 through 4 of this VGD, provided they are supervised by a registered

[1] This includes any relevant amendments to legislation
[2] Department of Health, Good Management, Good Records, Disposal Schedule - Section G part 2, G84.

healthcare professional who has already consented the individual to be vaccinated (see section 3 – characteristics of staff).

Practitioners and organisations must check that they are using the current version of the VGD. Amendments may become necessary prior to the published expiry date. Current versions of SPPG/PHA developed vaccine templates can be found via:

- Trust Intranet or
- Primary Care Intranet

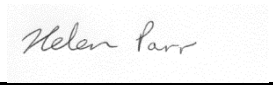
Any concerns regarding the content of this VGD should be addressed to: pha.immunisation@hscni.net

Change history

Version number	Change details	Date
v1.0	New **influenza** vaccine, Vaccine Group Direction.	29th July 2026

1. **VGD Development**

This VGD has been developed by the following health professionals on behalf of SPPG/PHA:

Developed by:	Name	Signature	Date
Pharmacist	Helen Parr Pharmacist, SPPG		29/7/26
Doctor	Laura McCartney, Speciality Doctor in Health Protection, PHA		3/8/26
Registered Nurse	Shauna Armstrong Health Protection Nurse, PHA		4/8/26

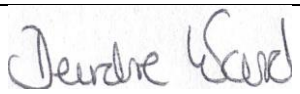
Reviewed by	Role	Date
Christina Eastwood	Pharmacist, SPPG	10/8/26

Any provider/contractor administering influenza vaccines under this VGD must work strictly within the terms of this VGD and any relevant contractual arrangements with the commissioner for the delivery of the national influenza vaccination programme.

Assembly, preparation and administration of vaccines supplied and administered under this VGD must be subject to all HSC governance arrangements and standard operating procedures that ensure 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 (SPC).

Note: The national influenza vaccination 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 influenza vaccination programme and are not related to this VGD.

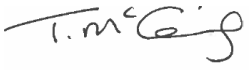
2. Clinical and Organisational Approval

Clinical Approval			
Role	**Name**	**Sign**	**Date**
Consultant in Service Development, PHA	Dr Louise Herron		14/8/2026
Strategic Public Health Lead (Starting Well) PHA	Mrs Deirdre Ward		17/8/26
Interim Head of Pharmacy and Medicines Management, Directorate of Primary Care, SPPG	Mrs Kathryn Turner		12/8/26

This VGD is not legally valid until it has had the relevant organisational authorisation from DoH, completed below.

DoH accepts responsibility for governance of this VGD. Any provider delivering the national influenza vaccination programme under VGD must work strictly within the terms of this VGD and contractual arrangements with the Commissioner for the delivery of the national influenza vaccination programme.

DoH authorises this VGD for use by their commissioned providers delivering the national influenza vaccination programme.

Organisational Approval (legal requirement)			
Role	**Name**	**Signed**	**Date**
Interim Chief Operating Officer, SPPG	Tracey McCaig		19/8/26

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this VGD. 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 VGD.

3. Characteristics of staff

The staff qualifications and experience required to operate this VGD are dependent upon the tasks the staff member will carry out. The process of vaccination may be broken down into four steps.

	Tasks to be undertaken	Delegation (and limitations to delegation if applicable)	Who can carry out this step?
Step 1	• **clinical assessment**, including that the individual meets the inclusion criteria of this VGD • provide information and obtain informed consent • provide advice to the individual, parent or carer • clinical supervision of steps 2, 3 and 4, where any one or all of these steps are completed by another practitioner • **on-site supervision is mandatory during all vaccination sessions.**		Can only be carried out by practitioners named in HMR2012 (Schedule 16, Part 4) as being able to operate under a Patient Group Direction **and** **who are named** under qualifications and professional registration **Note: Operating department practitioners (ODPs) are not eligible to work under this step of the VGD.**
Step 2 And **Step 3**	**Vaccine preparation a**nd administration *__From 1 April 2026, only the person administering a vaccine may carry out reconstitution or dilution__. **Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under step 1.**	**Permitted for individuals aged 2 years and over** **Delegated preparation and administration to a child under the age of 2 years is not supported under this VGD**. The only exception is where step 2 and step 3 are being performed by a practitioner able to work under step 1. If a child is of preschool age, see accompanying note and National Minimum Standards: healthcare support workers and consider each case carefully before delegating the task.	Those able to carry out step 1, or other suitably trained and competent practitioners. If this step is delegated to another practitioner, this individual **still requires supervision** by the practitioner completing step 1, **even if** this practitioner is able to independently work under a PGD. Note: for pre-school aged children, parents may have a lot of concerns, particularly if the child has a complex medical or vaccination history. (see National Minimum Standards: healthcare support workers). Unregistered or inexperienced vaccinators should immediately refer back to their clinical supervisor in such situations or in any other circumstances where they are unsure.
Step 4	**Record keeping**	**Permitted**	Those able to carry out step one, or other suitably trained and competent practitioners. If this step is delegated to another practitioner, this individual **still requires supervision** by the practitioner completing step 1, **even if** this practitioner is able to independently work under a PGD.

Qualifications and professional registration	**All practitioners should only administer vaccinations where it is within their clinical scope of practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the sections below**. Practitioners undertaking step 1 of this VGD must also be one of the following registered professionals who can legally supply and administer under a PGD[3]: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists currently registered with the Pharmaceutical Society of Northern Ireland (PSNI) (Note: This VGD is not relevant to privately provided community pharmacy services) • dieticians, occupational therapists, paramedics, physiotherapists, and podiatrists currently registered with the Health and Care Professions Council (HCPC) **Please note that operating department practitioners are not permitted to conduct step one of this VGD as they are not included under Part 4 of Schedule 16 .** Check section 2 (Limitations to authorisation) to confirm whether all the registered practitioners listed above have organisational authorisation to work under this VGD.
Additional requirements (continued over page)	**All practitioners** (irrespective of which steps are being completed) • must be authorised by name as an approved practitioner under the current version of this VGD before working to it • should fulfil any additional requirements defined by local policy • should have access to this VGD and any associated online resources • must understand the importance of ensuring vaccine information is recorded into the relevant data system, as outlined in the Records section
	Clinical assessment, consent and provision of advice (Step 1) • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease (the Green Book), and national recommendations and commissioning arrangements for the immunisation programme • must be competent to assess individuals for suitability of vaccination, identify any contraindications or precautions, discuss issues related to vaccination and obtain informed consent[4] • must have undertaken training appropriate to this VGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training. • must be competent to undertake immunisation and to discuss issues related to immunisation

[3] other healthcare professional groups are named under Schedule 16, Part 4 as able to supply and administer under a PGD. These include dental hygienists, dental therapists, optometrists, orthoptists, orthotists and prosthetists, radiographers and speech and language therapists who hold a current registered with their professional body. These individuals **are not included** in the scope of HSC immunisation PGDs, as it is not expected that such individuals routinely support delivery of the national immunisation programmes.

[4] 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.

Additional requirements (continued)	• if relevant, must have undertaken training to meet the minimum standards in relation to vaccinating those under 18 years • 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 settings • where any one of Steps 2, 3 or 4 are undertaken by another practitioner, the practitioner carrying out step 1 must be competent and willing to act as a clinical supervisor as outlined in the national minimum standards and core curriculum for vaccination training to support the supervised individual. • all other competencies as listed above and below
	Vaccine preparation and administration (Steps 2 and 3) • must be competent in the appropriate administration method for the vaccine(s) listed in this VGD for the cohorts you are eligible to vaccinate • if relevant, must have undertaken training to meet the minimum standards in relation to vaccinating those under 18 years of age as required by national or local policy • 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) Anaphylaxis guidance for vaccination settings • must be competent in the handling and storage of vaccines, and management of the cold chain • must be familiar with handling the vaccine and in drawing up of the correct dose • must have undertaken training appropriate to this VGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training. • must either have been signed off as competent, using the 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 (vaccinated within the last 12 months). • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease (the Green Book), national recommendations and commissioning arrangements for the vaccination programme • all other competencies as outlined above (All practitioners) • should fulfil any additional requirements defined by local policy
	Record keeping (Step 4) • must meet the core knowledge standard 11:documentation, record keeping and reporting (national minimum standards and core curriculum for vaccination training) • all other competencies as outlined above (All practitioners)
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 PHA/SPPG and/or DoH 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 VGD.

4. Clinical condition or situation to which this VGD applies (for practitioners conducting Step 1)

Clinical condition or situation to which this VGD applies **(Step 1)**	Influenza vaccination 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 the influenza chapter of the Immunisation Against Infectious Disease: the Green Book, Northern Ireland annual CMO flu letter (and any subsequent extensions or amendments made to the annual flu programme by subsequent CMO letter) or correspondence from PHA. **This VGD covers HSC commissioned services only.**

Criteria for inclusion
 	
(Step 1)
 	
(continued over page)
	Providers are reminded to ensure vaccination is in line with the contractual arrangements and limitations of service provision agreed with the service commissioner, as well as the criteria for inclusion. **Providers are also accountable for ensuring vaccinators listed under section 7 are trained and clinically competent to deliver such services and are assured that the training requirements in section 3 are complete prior to commencing vaccination.**
	
	For the 2026 to 2027 influenza season, influenza vaccines should be offered under the HSC influenza immunisation programme.
	
	• all pregnant women (including those women who become pregnant during the influenza season)
	• children eligible for the Routine Childhood Seasonal Influenza Vaccination Programme, including:
	  ○ all preschool children aged 2 to 4 years on 1st September 2026 [5]
	  ○ all primary school-aged children (from P1 to P7) [6] [7]
	  ○ all secondary school-aged children (from Year 8 to 12) [5] [6]
	  ○ Children in risk groups 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.
	• all those aged 65 years and over (including those reaching the age of 65 years by 31 March 2027)
	• all those aged 18 years to under 65 years in clinical risk groups (as defined by the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book')
	• Clinical risk groups (see chapter 19 for further detail)
	  ○ 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
	  ○ chronic liver disease
	  ○ chronic neurological disease such as Parkinson's disease or motor neurone disease
	  ○ learning disability

[5] Children born between 2 July 2022 and 1 September 2024 are considered eligible.
[6] 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.
[7] Includes children who are home-schooled or otherwise not in mainstream education.

(continued)	○ diabetes and adrenal insufficiency ○ asplenia or dysfunction of the spleen ○ immunosuppression due to disease or treatment ○ morbidly obese (adults with a BMI of 40kg/m^2 and above) • All health and social care workers will be eligible for influenza vaccination. This includes all staff who are employed directly by HSC organisations and those employed as, and by, independent contractors such as general practitioners (GPs), dentists, pharmacists and ophthalmic practitioners, registered independent sector residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers. This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. **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. • 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 • 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 • high risk poultry and avian animal health workers • high-risk cattle and swine workers • rough sleepers and homeless hostel users • people in prisons aged 55 years and over Additionally, in 2026/27, 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 VGD 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
Criteria for exclusion[8] **(Step 1)**	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 of the Green Book or Reference guide to consent for examination or treatment). Individuals who:

[8] Exclusion under this VGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required

	• are less than 6 months 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[9] (other than ovalbumin – see Cautions) • have received a complete dose of the recommended influenza vaccine for the current season, unless they are being vaccinated for the very first time and are individuals aged 6 months to less than 9 years: • in a clinical risk group listed in the influenza chapter of the Green Book **or** household contacts of individuals (of any age) with immunosuppression In the first season they are vaccinated against influenza, these individuals should 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). **Exclusion criteria for LAIV** (consider offering IIVc vaccine instead): • individuals with a confirmed anaphylactic reaction to a previous dose of influenza vaccine • individuals with a confirmed anaphylactic reaction to any component of LAIV (such as gelatine) or residue from the manufacturing process (such as gentamicin), with the exception of egg proteins (see action to be taken if the individual is excluded section) • individuals with severe anaphylaxis to egg which has previously required intensive care • individuals with egg allergy (less severe than anaphylaxis requiring intensive care) but who also have another condition which contraindicates LAIV • individuals with severe asthma who have previously required intensive care for asthma exacerbation or who require regular oral steroids for the maintenance of asthma control, unless LAIV is advised by their respiratory specialist • individuals receiving salicylate therapy (other than topical treatment for localised conditions or aminosalicylates, such as those used for inflammatory bowel disease) because of the association of Reye's syndrome with salicylates and wild-type influenza infection • individuals with unrepaired craniofacial malformations • individuals for whom LAIV is not suitable due to the individual, parent or carer's non-acceptance of its porcine gelatine content • individuals who are clinically severely immunodeficient due to a condition or immunosuppressive therapy such as: o acute and chronic leukaemias o lymphoma o HIV, which is not suppressed by antiretroviral therapy

[9] 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 for details.

	○ cellular immune deficiencies ○ high dose corticosteroids (prednisolone at least 2mg/kg/day for a week or 1mg/kg/day for a month or equivalent) • individuals for whom close contact with very severely immunocompromised individuals (for instance, bone marrow transplant individuals requiring isolation) is likely or unavoidable (for example, household members) • pregnancy (note there is no need to specifically test eligible girls for pregnancy or to advise avoidance of pregnancy in those who have been recently vaccinated) **Temporary exclusions for LAIV** LAIV administration should be postponed for individuals who: • are suffering from acute febrile illness until completely recovered • are suffering from heavy nasal congestion which may impede delivery of the vaccine to the nasopharyngeal mucosa until congestion has resolved • have a history of active wheezing in the past 72 hours or those who have increased their use of bronchodilators in the previous 72 hours. See action to be taken if the individual is excluded • received treatment with influenza antiviral agents in the last 48 hours, until 48 hours following the cessation of treatment with influenza antiviral agents
Cautions, including any relevant action to be taken **(Step 1)**	Facilities for management of anaphylaxis should be available at all vaccination premises (see Chapter 8 of the Green Book and advice issued by the Resuscitation Council UK). Individuals with a bleeding disorder may develop a haematoma at the injection site (see route and method of administration). 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 a 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). 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 **(Step 1)** (continued over page)	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 to their GP practice or a Patient Specific Direction (PSD)obtained for

Action to be taken if the individual is excluded **(Step 1)** (continued)	immunisation. Children who are eligible for influenza vaccination but for whom LAIV is contraindicated or is otherwise unsuitable, for instance due to the route or non-acceptance of porcine gelatine content, should be considered for IIVc. Children with a history of severe anaphylaxis to egg which has required intensive care should ideally be referred to specialists via their GP for potential LAIV immunisation in hospital. LAIV remains the preferred vaccine for this group and the intranasal route is less likely to cause systemic reactions. Egg-allergic individuals can alternatively be given IIVc. The Joint Committee on Vaccination and Immunisation (JCVI) has advised that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting (including primary care and schools). Fluenz® contains less than 0.024 micrograms ovalbumin per dose, equivalent to less than 0.12 micrograms per ml and is classed as having a very low ovalbumin content. Individuals who have previously required intensive care for asthma exacerbation or who require regular oral steroids for the maintenance of asthma control should only be given LAIV on the advice of their specialist. As these children are a defined risk group for influenza, those who cannot receive LAIV should receive IIVc. No data exist in reference to the safety of intranasal administration of Fluenz® in individuals with unrepaired craniofacial malformations. In such cases, LAIV may be considered unsuitable and therefore IIVc should be offered instead. Vaccination with IIVc should be considered for immunosuppressed individuals excluded from receiving LAIV and those who are contacts of individuals who are very severely immunocompromised. Individuals temporarily excluded may be offered LAIV at a later date. In case of postponement, arrange a future date for vaccination. Individuals suffering from heavy nasal congestion could be given an intramuscular influenza vaccine instead. Individuals who have a history of active wheezing in the past 72 hours, or those who have increased their use of bronchodilators in the previous 72 hours, should be offered IIVc to avoid delaying protection in this high-risk group. Pregnant individuals should be offered inactivated influenza vaccines appropriate to their age unless otherwise contraindicated. 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 individual'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 VGD, rather than delay immunisation. Contacts details are as follows: PHA Duty room 0300 555 0119.Inform or refer to the GP or a prescriber as appropriate.

Action to be taken if the individual or carer declines treatment **(Step 1)** (continued)	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 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 of the Green Book or Reference guide to consent for examination or treatment). Advise the 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. Inform or refer to the individual's GP or a prescriber as appropriate.
Arrangements for referral for medical advice **(Step 1)**	Seek appropriate advice from the individual's clinician as required.

5. Description of treatment

<table>
<tr><td>Name, strength and formulation of drug

(Step 1)</td><td>
LAIV nasal spray suspension:
• Fluenz® in pre-filled single-use nasal applicator
The vaccine may contain residues of the following substances: egg proteins (for example, ovalbumin) and gentamicin. The maximum amount of ovalbumin is less than 0.024 micrograms per 0.2 ml dose (0.12 micrograms per ml).

• Inactivated influenza vaccine suspension (IIVc)▼ in a pre-filled syringe

IIVc vaccine has been procured to provide vaccination coverage in all adult age-groups aged 18 years and over (as well as children aged two years and over if contraindicated to the Live Attenuated Inactivated Vaccine, LAIV). See CMO letter.

Summary table of which influenza vaccines to offer (by age)
<table>
<tr><th rowspan="2">Age</th><th colspan="2">Influenza vaccine to offer eligible individuals</th></tr>
<tr><th>Preferred vaccine(s)</th><th>Second line</th></tr>
<tr><td>6 months to under 2 years</td><td>IIVc</td><td></td></tr>
<tr><td>2 years to under 18 years</td><td>LAIV</td><td>IIVc (if LAIV is contraindicated or it is otherwise unsuitable)</td></tr>
<tr><td>18 years and over (including in pregnancy)</td><td>IIVc</td><td></td></tr>
</table>
</td></tr>
<tr><td>Legal category

(Step 1)</td><td>Prescription only medicine (POM)</td></tr>
<tr><td>Black triangle▼

(Step 1)</td><td>
IIVc is designated as a black triangle medicine.

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.

This information was accurate at the time of writing. See product SPC for indication of current black triangle status.
</td></tr>
</table>

Off-label use **(Step 1)**	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.. The LAIV and IIVc SPCs recommend a second dose for children aged under 9 years, after an interval of at least 4 weeks. However, JCVI has advised that children who are not in a clinical risk group, only require a single dose of LAIV or IIVc irrespective of whether they have received influenza vaccine previously. NICE MPG2 (2017) 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.'* The SPC for LAIV lists salicylate use among children and adolescents as a contraindication for LAIV because of reports of the association of Reye's syndrome with salicylates and wild-type influenza infection. No direct association between salicylate therapy and LAIV and Reye's syndrome has been described and is included in the SPC on theoretical grounds only. As a precaution, children and adolescents receiving salicylate therapy that has been associated with Reye's syndrome (such as systemic aspirin therapy) should not be offered LAIV. However, LAIV can be offered to children and adolescents receiving salicylates that are not associated with Reye's syndrome such as salicylates given for topical treatment of localised conditions or aminosalicylates for inflammatory bowel disease. JCVI has advised that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting. LAIV is contraindicated in children with severe asthma, however, JCVI have advised children with asthma on inhaled corticosteroids may safely be given LAIV, irrespective of the dose prescribed. LAIV is not licensed for use in individuals aged 18 years and over. However, LAIV may be given to individuals aged up to 25 years who attend a SEN school and are in a clinical risk group in accordance with the recommendations in the influenza chapter of the Green Book and by JCVI. Vaccines 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 for advice.. Where vaccines are assessed in accordance with these guidelines as appropriate for continued use, this would constitute off-label administration under this VGD. Note: Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this VGD, with the exception of LAIV as outlined above. Refer to products' SPCs and CMO letter for more information.
Drug interactions **(Step 1)**	The immunological response may be diminished in those receiving immunosuppressive treatment, but it is important to still immunise this group. There is a potential for influenza antiviral agents to lower the effectiveness of the LAIV. Therefore, influenza antiviral agents and LAIV should not be administered concomitantly. LAIV should be delayed until 48 hours following the cessation of treatment with influenza antiviral agents. Administration of influenza antiviral agents within the 2 weeks following administration of LAIV may affect the response to the vaccine.

	Do not administer LAIV to those receiving salicylate therapy (other than topical treatment for localised conditions) and do not use salicylates for 4 weeks after vaccination. LAIV can be given at the same time as other vaccines (both live and inactivated). Live vaccines which replicate in the mucosa, such as LAIV are unlikely to be seriously affected by concomitant COVID-19 vaccination. It is generally better for vaccination to proceed to avoid any further delay in protection and to avoid the risk of the individual not returning for a later appointment (see the influenza chapter of the Green Book). A training slide set on co-administration of vaccines in the older adult's immunisation programme is available from this link. Some of these vaccines may not be procured in NI. Influenza vaccines should not be routinely co-administered on the same day as RSV vaccines for eligible individuals under the older adults programme. Studies suggest a lowered immune response to both RSV and influenza components when co-administered. No specific minimum interval is advised. If immediate protection is necessary or there are concerns the individual will not return for a second appointment, then Abrysvo® may be given at the same time as the influenza vaccine. RSV may be given at the same time as influenza vaccines to eligible pregnant individuals (see RSV PGD). There should not be a delay to offering the influenza vaccine to enable co-administration with the RSV vaccine. Influenza vaccines can be co-administered with other vaccines including COVID-19 and shingles vaccines (see route and method of administration). Therefore, an appointment for administration of the seasonal influenza vaccine can be an opportunity to also provide shingles vaccine (see Shingrix® PGD). The IIVc SPC states that if is to be used at the same time as another vaccine, it should be administered at separate injection sites and preferably on different limbs. A detailed list of drug interactions is available in the SPC for each vaccine.
Identification and management of adverse reactions **(Step 1)** (continued over page)	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. 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 for each vaccine. **LAIV** Very common adverse reactions observed after administration of LAIV are decreased appetite, nasal congestion, rhinorrhoea and malaise. Commonly encountered reactions include myalgia, headache and pyrexia. The incidence of hypersensitivity reactions (including urticaria and facial oedema), rash and epistaxis are considered to be uncommon.

Reporting procedure of adverse reactions **(Step 1)**	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 or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed as appropriate.
Advice and follow up treatment **(Step 1)**	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 when to seek medical advice in the event of an adverse reaction and encouraged to report this via the Yellow Card reporting scheme. 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. **For LAIV only:** For children who have not received an influenza dose before and require a second dose after a minimum of 4 weeks (see Dose and Frequency of Administration), advise the parent or carer when the subsequent dose is due. The individual, parent or carer should be advised not to give acetylsalicylic acid or other salicylates associated with Reye's syndrome to the child for 4 weeks after vaccination with LAIV because of reports of the association of Reye's syndrome with salicylates and wild-type influenza infection. No direct association between salicylate therapy and LAIV and Reye's syndrome has been described. Topical treatment containing acetylsalicylic acid, salicylates for localised conditions or aminosalicyates for inflammatory bowel disease can be continued. The individual, parent or carer should be informed that LAIV has the theoretical potential for transmission to immunocompromised contacts. Vaccine recipients should attempt to avoid, whenever possible, close association with very severely immunocompromised individuals (such as bone marrow transplant recipients requiring isolation) for one to 2 weeks following vaccination.
Special considerations and additional information **(Step 1)**	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 chapter 2 of the Green Book). Individuals with learning disabilities may require reasonable adjustments to support vaccination (see Flu vaccinations: supporting people with learning disabilities). A PSD may be required. **Timing of doses** As outlined in the CMO letter, vaccination of pregnant women should begin from 1 September, to ensure that as many newborn babies as possible are protected during the flu season. Children, including those in clinical risk groups should be vaccinated from 1 September, as early as delivery and supply of suitable vaccines allow. Vaccination of remaining cohorts should commence from October 2026 (exact date to be advised). There may be a small number of other adults for whom delaying vaccination is not advised, for example individuals due to commence immunosuppressive treatment before the announced start date for vaccination. Clinicians should use clinical judgement to bring forward vaccination in such exceptions and when vaccine supply becomes available. A PSD should be used. **Considerations for LAIV only** LAIV is not contraindicated for use in children living with HIV receiving antiretroviral therapy and attaining viral suppression. Other eligible individuals include those who are receiving topical corticosteroids, inhaled corticosteroids, low-dose systemic corticosteroids or those receiving corticosteroids as replacement therapy (such as for adrenal insufficiency). LAIV may be given to these individuals. Where individuals, parents or carers object to LAIV on the grounds of its porcine gelatine content or where LAIV is unsuitable, children should be offered IIVc instead. Children with cochlear implants can be given LAIV safely although ideally not in the week prior to implant surgery or for 2 weeks afterwards, or if there is evidence of ongoing cerebrospinal fluid leak. **Exposure of healthcare professionals to LAIV** Very severely immunosuppressed individuals should not administer LAIV. Other healthcare workers who have less severe immunosuppression or are pregnant, should follow normal clinical practice to avoid inhaling the vaccine and ensure that they themselves are appropriately vaccinated.
Route and method of administration **(Step 2, Step 3)** (continued over page)	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. Administration under this VGD must be supervised by a registered health professional named in section 7. **For intramuscular influenza vaccineIIVc,** 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 one year old. 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 into different limbs. If given into 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. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a clinician familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by

Route and method of administration **(Step 2, Step 3)** (continued) (continued over page)	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 that IIVc is not licensed for subcutaneous administration so should only be administered intramuscularly under this VGD**. The site at which each vaccine was given should be noted in the individual's records. Shake vaccine suspension 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. 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 provide further guidance on administration.

<table>
<tr>
<td>Route and method of administration

(Step 2, Step 3)

(continued)</td>
<td>
LAIV administration

LAIV is for intranasal application only.

Do not use with a needle. Do not inject.

Single dose of 0.2ml of LAIV, administered as 0.1ml in each nostril.

Do not use Fluenz® if the expiry date has passed or the sprayer appears damaged, for example, if the plunger is loose or displaced from the sprayer or if there are any signs of leakage.

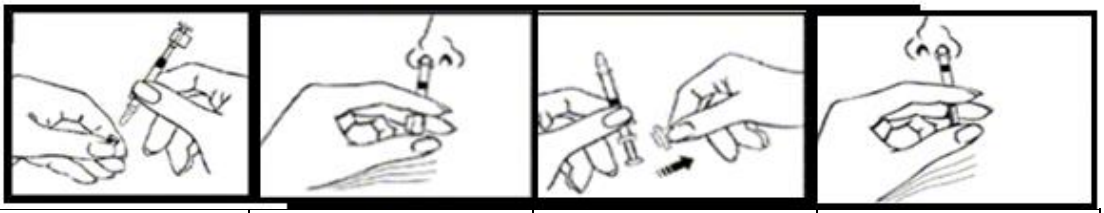
Check the appearance of the vaccine before administration. The suspension should be colourless to pale yellow, clear to opalescent. Small white particles may be present. In instances where there is variation of expected appearance of the vaccine prior to preparation and administration, discard the vaccine in accordance with local procedures.

The individual can breathe normally during vaccine administration and there is no need to actively inhale or sniff.

Administration does not need to be repeated if the individual sneezes or blows their nose immediately following administration.

Check product name, batch number and expiry date before administration.

The SPC provides further guidance on administration.


<table>
<tr>
<td>Remove the rubber tip protector.

Do not remove the dose-divider clip at the other end.</td>
<td>With the patient upright, position the tip just inside the nostril and in a single motion, depress the plunger as rapidly as possible until the dose-divider clip prevents movement.</td>
<td>For administration into the other nostril, pinch and remove the dose-divider clip from the plunger.</td>
<td>Place the tip just inside the other nostril. In a single motion, depress the plunger as rapidly as possible to deliver the remaining vaccine.</td>
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<tr>
<td>Dose and frequency of administration

(Step 3)</td>
<td>
Children aged from 2 years to under 18 years old (including up to 25 years of age at SEN schools in a clinical risk group)

Preferred vaccine: Single dose of 0.2ml of LAIV, administered as 0.1ml into each nostril, to be administered during current flu season.

Second line: If LAIV is contraindicated or otherwise unsuitable on the grounds of its porcine gelatine content, a single 0.5ml dose of IIVc should be administered via the intramuscular route during current flu season

Second doses for children in clinical risk groups or who are household contacts of immunocompromised individuals (of any age)
</td>
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	Children aged between 6 months to less than 9 years old who are in a clinical risk group category listed in the influenza chapter of the Green Book **and** who have not received a dose of any influenza vaccine before should receive 2 doses of LAIV (or IIVc), the second at least 4 weeks after the first dose. Children aged between 6 months to less than 9 years old who are household contacts of immunocompromised individuals of any age **and** who have not received a dose of any influenza vaccine before should receive 2 doses of LAIV (or IIVc), the second at least 4 weeks after the first dose. **Second dose**: 0.2ml of LAIV, administered as 0.1ml in each nostril at a minimum interval of 4 weeks after the first dose. If LAIV is unavailable for second doses, for example due to batch expiry, then offer IIVc, as a 0.5ml dose via the intramuscular route. **IIVc** Single 0.5ml dose to be administered for the current annual flu season.
Duration of treatment **(Step 3)**	As outlined in dose and frequency of administration above.
Quantity to be supplied and administered **(Step 3)**	**IIVc** Single dose of 0.5ml per administration. See dose and frequency of administration section for full details. **LAIV:** 0.2ml dose to be administered as 0.1ml into each nostril **Children aged 2 years to less than 9 years old in a clinical risk category and receiving influenza immunisation for the first time:** The dose of LAIV (0.2ml) or IIVc (0.5ml) should be repeated after a minimum interval of 4 weeks
Supplies **(Step 2, Step 3)**	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 and The Green Book Chapter 3).

Storage **(Step 2, Step 3)**	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, vaccines that have 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 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. **LAIV only** Before use, the vaccine may be removed from the cold chain once, for a maximum period of 12 hours at a temperature not above 25°C. Data indicates the vaccine components are stable for 12 hours at temperatures between 8°C and 25°C. If LAIV has not been used within this 12-hour period, it should be immediately discarded, in line with local clinical waste procedures.

Disposal **(Step 2, Step 3)**	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 and securely according to local authority arrangements and NHSE guidance (HTM 07-01): safe and sustainable management of healthcare waste.
Written information to be given to individual (parent) or carer **(Step 3)**	Offer manufacturer's patient information leaflet (PIL) provided with the vaccine. Immunisation promotional material may also be provided (translations also available). Leaflets can be accessed at the PHA website at the PHA website. 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.
Records **(Step 4)**	Verbally confirm individual's name, address and date of birth. The practitioner must ensure the following is recorded: • where different practitioners carried out steps 1, 2, 3 and/or 4, their names and the step(s) of the vaccination process they carried out. **These practitioners must be named in section 7 of this VGD**. • 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) • eligibility or clinical risk group indication for immunisation • 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 the individual is excluded or the individual, (or parent or carer) declines immunisation • details of any adverse drug reactions and actions taken • administered via VGD Records should be signed and dated (or password-controlled on e-records). All records should be clear, legible and contemporaneous. 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 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 VGD should also be kept for audit purposes.

6. Key references

Key references	**Inactivated influenza vaccination** • UKHSA Inactivated influenza vaccine: patient group direction (VGD) template (with thanks). Updated June 2026 Influenza vaccine group direction (VGD) template - GOV.UK • Immunisation Against Infectious Disease: The Green Book, influenza chapter, updated 14 May 2026 https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • Summary of Product Characteristics: - TIVc (IIVc), Seqirus UK, last updated 5 January 2026 - Fluenz® trivalent nasal spray suspension, last updated 23 July 2025 • DH(NI) The Seasonal Influenza Vaccination programme 2026/27 (CMO letter) • All influenza vaccines marketed in the UK, updated 26 February 2026 https://www.gov.uk/government/publications/influenza-vaccines-marketed-in-the-uk • Influenza vaccine written instruction templates for adoption. NHS Specialist Pharmacy Service, last updated 14 April 2026 https://www.sps.nhs.uk/articles/influenza-vaccine-written-instruction-templates-for-adoption/ • JCVI statement on influenza vaccines for 2026 to 2027, updated 12 November 2025 https://www.gov.uk/government/publications/flu-vaccines-2026-to-2027-jcvi-advice-16-july-2025/jcvi-statement-on-influenza-vaccines-for-2026-to-2027 • Flu vaccinations: supporting people with learning disabilities, updated 25 September 2018 https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities • Immunisation training, Public Health Agency https://www.publichealth.hscni.net/directorate-public-health/health-protection/immunisationvaccine-preventable-diseases • Competency assessment tools for vaccination services https://www.cppe.ac.uk/services/declaration-of-competence **General** • NHS England Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 7 March 2023 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 4 November 2025 https://www.gov.uk/government/publications/consent-the-green-book-chapter-2 • National Minimum Standards and Core Curriculum for Immunisation Training, last updated 31 July 2025 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

	• 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 • 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. Practitioner authorisation sheet

Influenza Vaccination (IIV and LAIV) VGD v1.0
Valid from: 1 September 2026 Expiry: 1 April 2027

Before signing this VGD, check that the document has had the necessary authorisation in section 2. Without this, this VGD is not lawfully valid.

Practitioner undertaking step 1 (and steps 2, 3 and 4 if not delegating these tasks)

By signing this VGD you are indicating that you agree to its contents and that you will work within it. Where you delegate administration or record keeping tasks, you are professionally accountable for ensuring the individual performing that task is competent to do so**, including supervising administration of the vaccine, at the time and location that vaccination is being undertaken**.

VGDs 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.

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

Practitioners undertaking steps 2, 3 and/or 4 only: vaccine preparation, administration and/or record keeping duties
Practitioners assisting with the vaccination process are reminded that they remain individually and professionally accountable for the tasks they undertake.

I confirm that I have read and understood the content of this VGD, I have received training appropriate to the step(s) I am conducting, I require supervision when conducting these duties and that I am willing and competent to work to it within my professional code of conduct where applicable.				
Name	**Designation**	**Signature**	**Step(s) of the VGD covered (write as step 2,3,4 as applicable)**	**Date**

Clinical supervisor declaration (where applicable)

I confirm that the above-named **practitioners undertaking steps 2, 3 and/or 4** have been assessed as competent to undertake the step(s) of vaccine administration for which they have declared their competency and have received appropriate supervision and training to undertake the step(s) of the VGD process as declared above.			
Name	**Designation**	**Signature**	**Date**

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this VGD. I give authorisation on behalf of **insert name of organisation** for the above-named healthcare professionals who have signed this VGD 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 VGD.