Influenza vaccine (IIV and LAIV) Patient Group Direction (PGD)

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

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

Reference no:	**Inactivated Influenza (IIV and LAIV) PGD**
Version no:	v2.0
Valid from:	4 November 2026
Expiry date:	1 April 2027

The Public Health Agency (PHA) and Strategic Planning and Performance Group (SPPG) have adapted the UK Health Security Agency's (UKHSA) Inactivated Influenza (IIV and LAIV) PGD v1.0 (**UKHSA publications gateway number: GOV-21141**) for use in Northern Ireland. This PGD can be used to facilitate the delivery of immunisations in the HSC in line with national recommendations.

Trust staff using this PGD must ensure that it is organisationally authorised and signed in section 2 by an appropriate authorising person, relating to the class of person by whom product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

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

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

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

[1] This includes any relevant amendments to legislation

[2] Good Management, Good Records - Disposal Schedule | Department of Health (health-ni.gov.uk)

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

Current versions of PGD templates can be found on:

- BSO website (community pharmacies)
- Trust Intranet or
- Primary Care Intranet

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

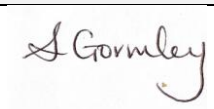
Version number	Change details	Date
V1.0	New influenza PGD combining the previously separate inactivated influenza vaccines (IIV) with the LAIV intranasal vaccine. The supply-only function previously supported in the LAIV PGD has been removed. It is recommended that providers should use the equivalent influenza Vaccine Group Direction (VGD) to delegate administration to healthcare support workers.	24/6/26
V2.0	Qualifications and professional registration – remove footnote as the legislation applies to England rather than NI. Criteria for exclusion – correct formatting for household contacts to line above, i.e. they are not excluded Route and method of administration – removal of the line “If IIVc needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs” – while it is preferable to administer in separate limbs, IIVc and another vaccine may be given into the same limb at least 2.5cm apart. Special considerations and additional information – update section on Timing of doses to state that vaccination of remaining cohorts should commence from 1 October 2026.	8/10/26

1. PGD template development

Author group:

Author	Name	Signature	Date
Pharmacist	Michelle O'Prey Pharmacist, SPPG		15/10/26
Doctor	Laura McCartney Speciality Doctor in Health Protection, PHA		15/10/26
Nurse	Zoë Hamilton Health Protection Nurse, PHA		15/10/26

Review:

	Name	Signature	Date
Pharmacist	Seodhna Gormley, Pharmacist, SPPG		22/10/26

2. Organisational authorisations

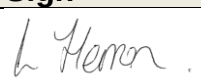
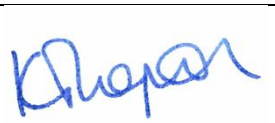
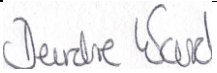
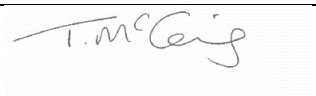
a) Primary Care Authorisation

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

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

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

Authorised for use by the following organisations and/or services
HSC Primary Care commissioned immunisation services
Limitations to authorisation

Primary Care approval			
Role	**Name**	**Sign**	**Date**
Consultant in Service Development, PHA	Louise Herron		27/10/26
Head of Pharmacy and Medicines Management, Directorate of Primary Care, SPPG	Keith Thompson		22/10/26
Interim Assistant Director Strategic Public Health Starting Well, PHA	Deirdre Ward		23/10/26
Interim Chief Operating Officer of SPPG	Tracey McCaig		4/11/26

GP Practice/ Federation Signatory			
Role	**Name**	**Sign**	**Date**
Lead GP to sign			

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

b) HSC Trust Authorisation

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

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

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

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

Organisational approval			
Role	**Name**	**Sign**	**Date**
Trust to enter details here			

Additional signatories according to Trust policy			
Role	**Name**	**Sign**	**Date**

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

3. Characteristics of staff

Qualifications and professional registration	**All practitioners should only administer vaccinations where it is within their scope of clinical practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the sections below.** Practitioners working to this PGD must also be one of the following registered professionals who can legally supply and administer under a PGD: • 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 PGD is not relevant to privately provided community pharmacy services) • dietitians, occupational therapists, paramedics, physiotherapists and podiatrists currently registered with the Health and Care Professions Council (HCPC) Check Section 2 "Limitations to authorisation" to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.
Additional requirements	Additionally, practitioners: • must have undertaken appropriate training for working under PGDs for supply/administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs) • 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 and local immunisation programmes • must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation. For further information see CMO letter. • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines, and management of the cold chain • must be competent in the recognition and management of anaphylaxis, have completed basic life support training and be able to respond appropriately to immediate adverse reactions; must be familiar with Resuscitation Council UK (RCUK) guidance on Management of Anaphylaxis in the Vaccination Setting • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy **The individual practitioner must be authorised by name, under the current version of this PGD before working according to it.**
Continued training requirements (continued over page)	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of

(continued)	anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). Practitioners should be constantly alert to any subsequent recommendations from SPPG, PHA and/or Department of Health (NI) and other sources of medicines information. Note: The most current national recommendations should be followed but a Patient Specific Direction (PSD) may be required to administer the vaccine in line with updated recommendations that are outside the criteria specified in this PGD. Where applicable, the individual should be referred to their GP practice for vaccination.

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	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' and Northern Ireland annual CMO letter (and any subsequent extensions or amendments made to the annual flu programme by subsequent CMO letter) or correspondence from PHA.
Criteria for inclusion (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 2026/27 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: o all preschool children aged 2 to 4 years on 1st September 2026 [3] o all primary school-aged children (from P1 to P7) [4] [5] o all secondary school-aged children (from Year 8 to 12) [5] [6] o 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) o 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 o chronic heart disease and vascular disease o chronic kidney disease at stage 3, 4 or 5

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

(continued)	○ 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/m^2 and above - All health and social care workers over 16 years 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 <u>prior to any policy announcement</u>. This PGD can be used for these additional cohorts following policy announcement. The date from which individuals in these additional cohorts may be vaccinated will be formally announced later in the flu season

Criteria for exclusion[6]
 	
(continued over page)
	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:
	• 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[7] (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

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

[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 for details.

(continued)	• 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:
	  ○ acute and chronic leukaemias
	  ○ lymphoma
	  ○ HIV, which is not suppressed by antiretroviral therapy
	  ○ 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 (continued over page)	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 and individuals with less severe egg allergy can be immunised in any setting using a suitable egg-free vaccine, for instance IIVc. Syncope (fainting) can occur following, or even before, any

(continued)	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 (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, or a Patient Specific Direction (PSD) obtained for 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.

(continued)	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 patient's clinical records. Seek appropriate advice from the Acute Response Health Protection Team (Duty room) or the individual's clinician when a vaccine is indicated outside the remit of this PGD, rather than delay immunisation. Contacts details are as follows: PHA Duty room 0300 555 0119.
Action to be taken if the individual, parent 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 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 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	Seek appropriate advice from the individual's clinician as required.

5. Description of treatment

<table>
<tr><td>Name, strength & formulation of drug</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).

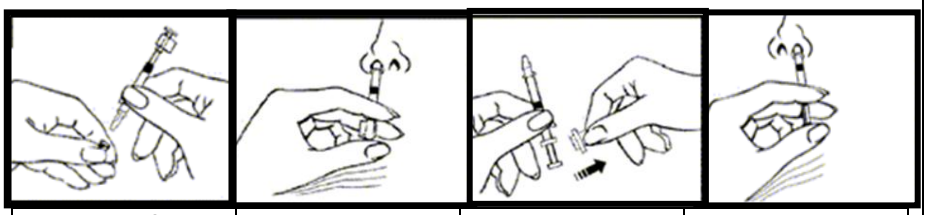
Inactivated influenza vaccine suspension (IIVc)▼ in a pre-filled syringe
IIVc vaccine has been procured to provide vaccination coverage in all adult age-groups aged 18 years and over (as well as children aged two years and over if LAIV is contraindicated or otherwise unsuitable), and children 6 months to 2 years in at risk groups). 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</td><td>Prescription only medicine (POM)</td></tr>
<tr><td>Black triangle▼</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 SPCs for indication of current black triangle status.</td></tr>
<tr><td>Off-label use

(continued over page)</td><td>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,</td></tr>
</table>

(continued)	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. 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 for advice. Where vaccine is assessed following advice by the Medicine Information Service as appropriate for continued use, this would constitute off-label administration under this PGD. Note: Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this PGD, with the exception of LAIV as outlined above. Refer to products' SPCs and CMO letter for more information.
Route and method of administration (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 PGD must be directly by the registered health professional named in section 7. **For intramuscular influenza vaccine IIVc**

(continued)	Administer by intramuscular injection, preferably into deltoid muscle of the upper arm. The anterolateral aspect of the thigh is the preferred site for infants under one year old. 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 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. **Note: IIVc is not licensed for subcutaneous administration so should only be administered intramuscularly under this PGD.** The site at which each vaccine was given should be noted in the individual's record. Shake the 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. **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.

(continued)	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. **Instructions for administration**



Remove the rubber tip protector. Do not remove the dose-divider clip at the other end.	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.	For administration into the other nostril, pinch and remove the dose-divider clip from the plunger.	Place the tip just inside the other nostril. In a single motion, depress the plunger as rapidly as possible to deliver the remaining vaccine.

Dose and frequency of administration	**Children aged from 2 years to under 18 years old (including pupils 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) Children aged between 6 months[8] 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 month[8] 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	As outlined in Dose and frequency of administration above.
Quantity to be supplied / administered	**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.

[8] LAIV is not licensed or recommended for children under 2 years of age.

Supplies	Supplies are obtained through the central procurement programme (as per local ordering supply guidance). Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage. See Trust / Guidance on vaccine handling & storage in GP practices and The Green Book Chapter 3).
Storage	Store at +2°C to +8°C. Do not freeze. Store in original packaging in order to protect from light. In the event of an inadvertent or unavoidable deviation of these conditions, 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	Follow local clinical waste policy and standard operating procedures to ensure safe and secure waste disposal. Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to local waste disposal arrangements and guidance in (HTM 07-01): safe and sustainable management of healthcare waste.
Drug interactions (continued over page)	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.

(continued)	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. Influenza vaccines should not be routinely co-administered on the same day as the RSV vaccine 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). A detailed list of drug interactions is available in the SPC for each vaccine.
Identification & management of adverse reactions (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 1 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.

(continued)	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	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.
Written information to be given to the individual, parent or carer	Offer manufacturer's patient information leaflet (PIL) provided with the vaccine. Immunisation promotional material may also be provided (translations also available). Information can be accessed 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.
Advice and follow up treatment (continued over page)	Individuals should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season. Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the influenza vaccination of their household contacts. Inform the individual, parent or carer of possible side effects and their management. The individual, parent or carer should be advised to seek medical advice in the event of an adverse reaction and encouraged to report this via the Yellow Card reporting scheme.

(continued)	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 aminosalicylates 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 (continued over page)	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. Individuals not registered with a GP practice may be vaccinated at the professional discretion of the practitioner weighing up risks and benefits for the individual. They should be encouraged to register with a GP as appropriate to their circumstances or be referred to appropriate alternative medical services as required. For children under the age of 16 years, those assessed as Gillick competent can self-consent (for further information on consent, see Reference guide to consent for examination or treatment). Individuals with learning disabilities may require reasonable adjustments to support vaccination (see Flu vaccinations: supporting people with learning disabilities). A PSD may be required.

(continued)	**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 1 October 2026. 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.
Records (continued over page)	Verbally confirm individual's name, address and date of birth and Record: • that valid informed consent was given or a decision to vaccinate made in the individual's best interests in accordance with the common law in Northern Ireland in relation to the best interests of the incapacitous individual • name of individual, address, date of birth and GP with whom the individual is registered • clinical risk group indication for immunisation if applicable • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date

(continued)	• anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • supplied and administered via PGD Records should be signed and dated by the practitioner (or password controlled on e-records). All records should be clear, legible and contemporaneous. As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number and anatomical site at which each vaccine is given is accurately recorded in the individual's records. It is important that vaccinations given either at a general practice or elsewhere (e.g. at antenatal clinic) are recorded on appropriate health records for the individual (using the appropriate clinical code) in a timely manner. If given elsewhere, systems should be in place to ensure a record of vaccination is returned to the individual's general practice to allow clinical follow up and to avoid duplicate vaccination. For pregnant women, also record immunisation in the hand-held and electronic maternity record if available. The local Child Health Information Systems team (Child Health Records Department) must be notified using the appropriate documentation/pathway when vaccine is administered to individuals under 19 years of age. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

6. Key references

Key references
(continued over page)
	Inactivated influenza Vaccination
	• UKHSA Inactivated influenza vaccine: patient group direction (PGD) template (with thanks). Updated June 2026 https://www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template
	• 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® live nasal spray suspension, last updated 23 July 2025DH(NI)
	• The Seasonal Influenza Vaccination programme 2026/27 (CMO letter) Letters and urgent communications 2026 | Department of Health
	• 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
	• SPPG/PHA. Live attenuated influenza vaccine (LAIV) PGD https://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pgds/
	• Flu immunisation training recommendations. Updated 8 August 2023. https://www.gov.uk/government/publications/flu-immunisation-training-recommendations
	
	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 4 November 2025 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

(continued)	• National Minimum Standards and Core Curriculum for Immunisation Training. Published February 2018 https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners • NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions. Published March 2017. https://www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions. Updated March 2017. https://www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection https://www.gov.uk/government/collections/immunisation • PHA. Guidance on vaccine handling and storage in GP practices. https://www.publichealth.hscni.net/publications/guidance-vaccine-handling-and-storage-gp-practices

7. Multiple practitioner authorisation sheet

Inactivated Influenza vaccine (IIV and LAIV) PGD v2.0
Valid from: 4 November 2026 Expiry: 1 April 2027
Before signing this PGD check that the document has had the necessary authorisations in section 2. Without these this PGD is not lawfully valid.

Practitioner

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

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

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

Authorising manager

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

Note to authorising manager

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

Print extra copies of this page as required. Page __ of __