

Flu Immunisation Programme 2017/18

Northern Ireland



Public Health
Agency

Improving Your Health and Wellbeing

Learning outcomes

- understand how flu is transmitted and the possible effects of flu
- understand the evidence base for the administration of flu vaccination to those aged 65 years and over and those in clinical risk groups
- explain which vaccines will be used and the precautions and contraindications to the administration of flu vaccines
- explain the possible side effects from flu vaccines
- identify sources of additional information

Influenza / Flu Overview

- ❖ Is an acute viral infection of the respiratory tract
- ❖ Is highly infectious & spreads rapidly in closed communities
- ❖ Can be spread by people with mild / no symptoms
- ❖ Usually occurs most often in an 8-10 week period during the winter



Influenza viruses

There are 3 types of influenza viruses:

A viruses

- Causes the majority of seasonal flu cases and is always the cause of pandemics
- Animal reservoir – wildfowl, also carried by other mammals

B viruses

- Associated with low-level sporadic disease
- Burden of disease mostly in children
- Predominantly found in humans

C viruses

- Minor respiratory illness only

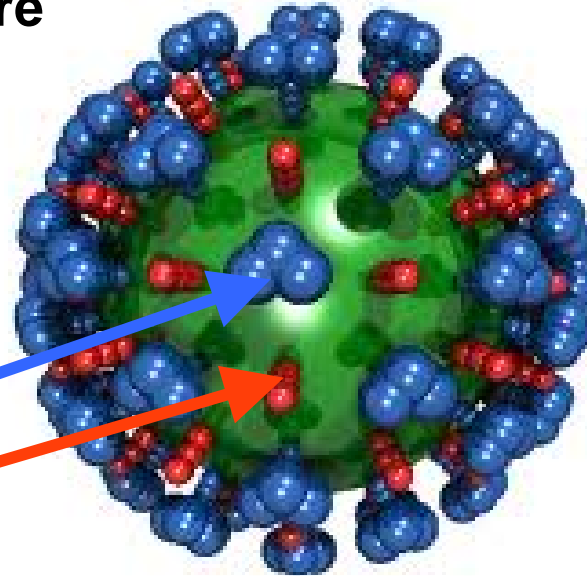


Flu A virus

Genetic material (RNA) in the centre

Two Surface Antigens

- Haemagglutinin (H)
- Neuraminidase (N)

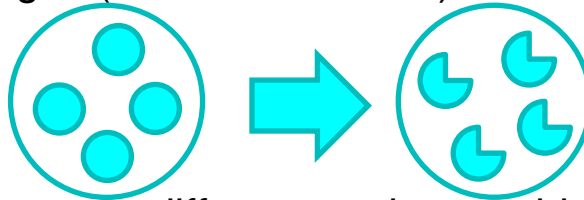


There are 18 different types of H
and 11 different types of N

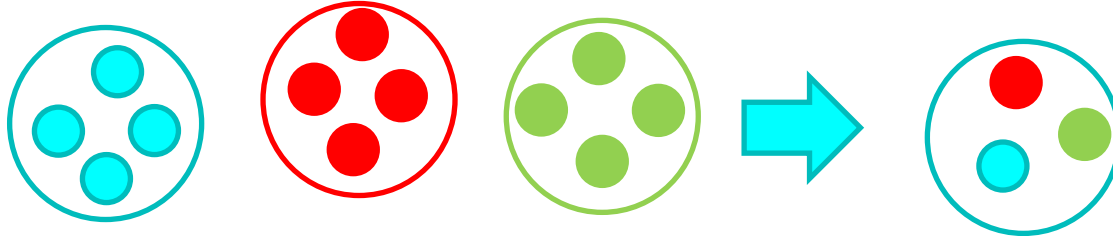
Genetic changes in the flu virus – what this means

Changes in the surface antigens (H and N) result in the flu virus constantly changing

- **antigenic drift:** minor changes (natural mutations) in the genes of flu viruses that occur gradually over time



- **antigenic shift:** when two or more different strains combine. This abrupt major change results in a new subtype. Immunity from previous flu infections/vaccinations may not protect against the new subtype, potentially leading to a widespread epidemic or pandemic



Because of the changing nature of flu viruses, WHO monitors their epidemiology throughout the world. Each year WHO makes recommendations about the strains of influenza A and B which are predicted to be circulating in the forthcoming winter. These strains are then included in the flu vaccine developed each year

Flu vaccine composition 2017/18

Trivalent vaccines will contain the following three viruses:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus

In addition to the above, the quadrivalent vaccine will also contain:

B/Phuket/3073/2013-like virus

None of the influenza vaccines for the 2017/18 season contain thiomersal as an added preservative

More detailed information on the characteristics of the available vaccines, including age indications can be found in the Influenza chapter of the Green Book (Immunisation against infectious disease) and the product SPCs

Flu vaccine effectiveness

- efficacy calculated at between 50-60% for adults aged 18 to 65 years
- lower efficacy in elderly although immunisation shown to reduce incidence of severe disease including bronchopneumonia, hospital admissions and mortality
- in 2014/15 the flu vaccine only provided limited protection against infection as the main A(H3N2) strain that circulated differed from the A(H3N2) strain selected for the vaccine
- however, throughout the last decade, there has generally been a good match between the strains of flu in the vaccine and those that subsequently circulated

Features of flu

easily transmitted by large droplets, small-particle aerosols and by hand to mouth/eye contamination from a contaminated surface or respiratory secretions of infected person

people with mild or no symptoms can still infect others

incubation period 1-5 days (average 2-3 days) though may be longer especially in people with immune deficiency

Common symptoms include:

sudden onset of fever, chills, headache, muscle and joint pain and extreme fatigue

dry cough, sore throat and stuffy nose

in young children gastrointestinal symptoms such as vomiting and diarrhoea may be seen

Possible complications of flu

Common:

bronchitis
otitis media (children), sinusitis
secondary bacterial pneumonia

Less common:

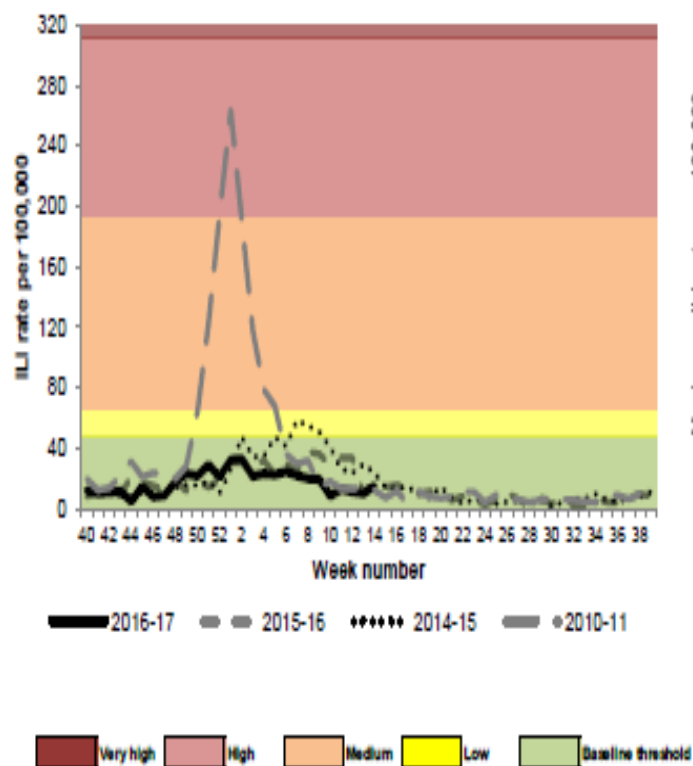
meningitis, encephalitis, meningoencephalitis
primary influenza pneumonia

Risk of most serious illness is higher in

children under six months
older people
those with underlying health conditions such as respiratory disease, cardiac disease, long-term neurological conditions or immunosuppression
pregnant women (flu during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size and lower birth weight)

Flu epidemiology

Figure 10. Weekly all age GP influenza-like illness rates for 2016 to 2017 and past seasons, and peak rates by age group in 2016 to 2017, Northern Ireland



NI has only seen low levels of flu activity since the introduction of the childhood vaccination programme

- flu activity usually between September to March (weeks 37 and 15)
- impact of flu varies from year to year
- Low levels of influenza activity seen in 2016/17 season
- biggest impact in older adults, increased numbers of care homes outbreaks and some excess mortality seen particularly in the 65+ year olds
- high number admissions to hospital and ICU/HDU admissions – although lower than seen in the past two seasons

Flu Vaccination Programme

Northern Ireland

- **Late 1960s:** annual flu immunisation recommended to directly protect those in clinical risk groups who are at a higher risk of influenza associated morbidity and mortality
- **2000:** flu vaccine policy extended to include all people aged 65 years or over
- **2010:** pregnancy added as a clinical risk category for routine flu immunisation
- **2013:** pre-school 2 years + and all primary school children

Flu vaccine eligibility: 2017/18 flu season

- people aged six months to under 65 years in clinical risk groups
- all pregnant women (including those who become pregnant during flu season)
- people aged 65 years and over
- people living in long-stay residential care homes or other long-stay care facilities
- carers and household contacts of immunocompromised individuals
- All primary school children (School health unless require a second vaccine= G.P.)
- Pre-school children > 2 years (G.P.)
- Morbidly obese patients BMI > 40

Frontline health and social care workers with direct patient/service user contact should be provided with flu vaccination by their employer. This includes staff in all health and social care trusts, general practices, care homes, and domiciliary care

Clinical risk groups who should receive flu vaccine (1)

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Chronic respiratory disease	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p> <p>see precautions section on live attenuated influenza vaccine</p>
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease (included in the DES directions for Wales)	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (eg polio syndrome sufferers).</p> <p>Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability</p>
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.

Clinical risk groups who should receive flu vaccine (2)

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement disorders)</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
Asplenia or dysfunction of the spleen	<p>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</p>
Pregnant women	<p>Pregnant women at any stage of pregnancy (first, second or third trimesters). (see precautions section on live attenuated influenza vaccine)</p>

Flu immunisation should also be offered to:

- **those 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 prisons, young offender institutions, university halls of residence etc.)
- **those who are in receipt of a carer's allowance, or those who are the main carer** of an elderly or disabled person whose welfare may be at risk if the carer falls ill
- **household contacts of immunocompromised individuals**, specifically those who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable
- **health and social care staff** in direct contact with patients/service users should be vaccinated as part of an employer's occupational health obligation

Other groups who should receive flu vaccine

- the list of clinical risk groups is not exhaustive
- healthcare practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease as well as the risk of serious illness from flu itself
- flu vaccine should be offered to such patients even if the individual is not in the clinical risk groups specified in the risk groups list
- child contacts of very severely immunocompromised individuals should be given inactivated vaccine

Vaccination of clinical risk groups

- increasing flu vaccine uptake in clinical risk groups is important because of increased risk of death and serious illness if people in these groups develop flu
- despite those with liver disease and chronic neurological disease having some of the highest mortality rates, they have low flu vaccine uptake rate compared with those in other clinical risk groups
- vaccine uptake for all those in clinical risk groups needs to improve - particularly in those with chronic liver and neurological disease

Pregnant women

All pregnant women are recommended to receive the inactivated flu vaccine irrespective of their stage of pregnancy

- pregnant women at increased risk from complications if they contract flu
- having flu during pregnancy may be associated with premature birth and smaller birth size and weight
- flu vaccination during pregnancy provides passive immunity against flu to infants in the first few months of life
- studies on safety of flu vaccine in pregnancy show that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy
- no study to date has demonstrated an increased risk of either maternal complications or adverse fetal outcomes associated with inactivated flu vaccine

Rationale for vaccinating children against flu

Extension of the seasonal flu vaccination programme to all children aims to appreciably lower the public health impact of flu by:

- **providing direct protection** thus preventing a large number of cases of flu infection in children
- **providing indirect protection** by lowering flu transmission from children:
 - to other children
 - to adults
 - to those in the clinical risk groups of any age

Reducing flu transmission in the community will avert many cases of severe flu and flu-related deaths in older adults and people with clinical risk factors

Annual administration of flu vaccine to children is expected to substantially reduce flu-related illness, GP consultations, hospital admissions and deaths

Health and social care workers

- frontline health and social care workers have a duty of care to protect their patients and service users from infection
- vaccination of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues and family members
- evidence vaccination significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in long-term healthcare settings
- reduces transmission of flu to vulnerable patients, some of whom may have impaired immunity and may not respond well to immunisation
- vaccination of frontline workers also helps reduce sickness absences and contributes to keeping the NHS and care services running through winter pressures
- Flu-fighters will be working with Trusts this year to improve uptake rates



Start of programme

- Official launch late September/early October
- Expecting injected vaccine supplies into NI by early-mid September – on schedule
- All Practices should have received initial deliveries before end September
- Can start clinics once have received vaccine
- Leaflets expected to be delivered in mid August
- Leaflets can be downloaded from PHA website

Which flu vaccine should be used?

Types of flu vaccines

Two main types of vaccine available:

inactivated – by injection

live attenuated – by nasal application

- **Trivalent:** flu vaccines contain two subtypes of Influenza A and one type B virus
- **Quadrivalent** vaccines contain two subtypes of Influenza A and both B virus types*

As quadrivalent vaccines contain both lineages of B viruses and therefore may provide better protection against the circulating B strain(s) than trivalent flu vaccines, **the live intranasal vaccine offered to children aged 2 years and over is a quadrivalent vaccine, as is the inactivated vaccine currently used in the school delivery programme in children who cannot receive LAIV.**

*Quadrivalent inactivated flu vaccine (used in school delivery programmes) only authorised for children aged 3 years and older.

Inactivated Flu Vaccines available (Northern Ireland)2017-18

Marketing Authorisation Holder	Name of Product	Vaccine Type	Route of Administration	Age	Suitable for egg allergy patients
Sanofi Pasteur	Inactivated Influenza Vaccine (trivalent)	Inactivated	IM	From 6 months	Yes
Sanofi Pasteur	Inactivated Influenza Vaccine (quadrivalent)	Inactivated Note: Only available in school delivery programme	IM	From 3 years	Yes
BGP Products Ltd	Influvac	Inactivated	IM	From 6 months	No
Seqirus Vaccines	Agrippal	Inactivated	IM	From 6 months	No

Live attenuated influenza vaccine (LAIV)

- a live attenuated intranasal spray is the recommended vaccine for the childhood flu programme
- the live attenuated influenza vaccine (LAIV) has been shown to be more effective in children compared with inactivated influenza vaccines
- it may offer some protection against strains not contained in the vaccine as well as to those that are and has the potential to offer better protection against virus strains that have undergone antigenic drift
- since this vaccine is comprised of weakened whole live virus, it replicates natural infection which induces better immune memory (thereby offering better long-term protection to children than from the inactivated vaccines)
- in addition to being attenuated (weakened), the live viruses in LAIV have been adapted to cold so that they cannot replicate efficiently at body temperature
- LAIV has a good safety profile in children aged two years and older

Storage of flu vaccine

Efficacy, safety and quality may be adversely affected if vaccines are not stored at the temperatures specified in the licence

Flu vaccines must be stored in accordance with manufacturer's instructions:

- store between +2°C and +8°C

- do not freeze

- store in original packaging

- protect from light

Check expiry dates regularly:

- the LAIV has an expiry date 18 weeks after manufacture – this is much shorter than inactivated flu vaccines

- it is important that the expiry date on the nasal spray applicator is checked before use

Flu vaccine presentation and dosage

- inactivated flu vaccines for intramuscular (IM) administration supplied as suspensions in pre-filled syringes containing a 0.5ml dose
- if SPC for IM inactivated flu vaccine states young children can be given either a 0.25ml or a 0.5ml dose, give 0.5ml dose
- the live intranasal flu vaccine is supplied as a nasal spray suspension in a special single use, pre-filled, nasal applicator. No reconstitution or dilution required. Each applicator contains 0.2ml (administered as 0.1 ml per nostril)

Vaccine administration

(inactivated vaccines)

Inactivated flu vaccines should be given into the upper arm (or anterolateral thigh in infants under one year of age)

Individuals with a bleeding disorder should be given vaccine by deep subcutaneous injection to reduce the risk of bleeding

- both inactivated and live flu vaccines can be given at the same time as, or at any interval before or after, other live and inactivated vaccines
- different vaccines should be given at separate sites, preferably in a different limb. If given in the same limb, they should be given at least 2.5cm apart

Administration of Live Attenuated Influenza vaccine (LAIV)

LAIV is different from other flu vaccines – it is a **live attenuated nasal vaccine and must not be injected**

do not attempt to attach a needle

LAIV can be administered at the same time as, or at any interval from other vaccines including live vaccines

patient should breathe normally – no need to actively inhale or sniff

the vaccine is rapidly absorbed so no need to repeat either half of dose if patient sneezes, blows their nose or their nose drips following administration



Fluenz

As well as being used for the new programme for healthy children Fluenz is the vaccine of choice for at risk children aged 2 to 17 years inclusive – **except where contraindicated.**

Sufficient vaccine has been ordered to easily provide for all such children.

Majority of fluenz supplies expire at the end of December so plan to complete programme by then and check expiry date before use

Contraindications

There are very few individuals who cannot receive any flu vaccine

Where there is doubt, expert advice should be sought promptly so that the period the individual is left unvaccinated is minimised

For children aged 2 years up to their 18th birthday, where live flu vaccine cannot be given, it is likely that inactivated vaccine could be given instead

None of the influenza vaccines should be given to those who have had:

- **confirmed anaphylactic reaction to a previous dose of the vaccine**
- **confirmed anaphylactic reaction to any component of the vaccine (except ovalbumin see precautions)**

Contraindications to flu vaccines (cont)

The live attenuated flu vaccine should not be given to children who are:

- clinically severely immunodeficient due to conditions or immunosuppressive therapy:
 - acute and chronic leukaemias
 - lymphoma
 - HIV infection not on highly active antiretroviral therapy
 - cellular immune deficiencies
 - high dose corticosteroids
- receiving salicylate therapy
- known to be pregnant
- have severe asthma or active wheezing
- children currently taking a high dose inhaled steroid should only be given live flu vaccine on the advice of their specialist

Precautions to flu vaccines

Acutely unwell:
defer until recovered

Heavy nasal congestion:
defer live intranasal vaccine until resolved or, if the child is in a risk group,
consider inactivated flu vaccine to provide protection without delay

Use with antiviral agents against flu:

- live flu vaccine (LAIV) should not be administered at the same time or within 48 hours of cessation of treatment with flu antiviral agents
- administration of flu antiviral agents within two weeks of administration of LAIV may adversely affect the effectiveness of the vaccine

Severe asthma or active wheezing

- **live flu vaccine is not recommended for children and adolescents with severe asthma or active wheezing** eg those who are currently taking or have been prescribed oral steroids for respiratory disease in the last 14 days
- **children currently taking a high dose inhaled steroid** - Budesonide >800mcg/day or equivalent (eg Fluticasone > 500mcg/day) **should only be given live flu vaccine on the advice of their specialist**

As these children are in a defined flu risk group, those who cannot receive LAIV should receive an inactivated flu vaccine

- vaccination with LAIV should be deferred in children with a history of active wheezing in the past 72 hours or those who have increased use of bronchodilators in the previous 72 hours. If condition not improved after a further 72 hours then inactivated flu vaccine should be offered to avoid delaying protection in this high-risk group

Egg allergy – adults

- most flu vaccines are prepared from flu viruses grown in embryonated hens' eggs – the final vaccine products contains varying amounts of egg (as ovalbumin)
- adults with egg allergy can be immunised in any setting using **an inactivated flu vaccine with an ovalbumin content less than 0.12 µg/ml (equivalent to <0.06µg for 0.5ml dose)**
- adults with **severe anaphylaxis to egg** that has previously required intensive care should be referred to specialists for immunisation in hospital
- there is no ovalbumin-free vaccine available for the 2017/18 flu season

Egg allergy – children

- children with an egg allergy can be safely vaccinated with the LAIV in any setting (including primary care and schools)
- those with both egg allergy and clinical risk factors that contraindicate LAIV (eg immunosuppression) should be offered an* inactivated flu vaccine with a very low ovalbumin content (less than 0.12µg/ml)
- children with a history of **severe anaphylaxis to egg that has previously required intensive care**, should be referred to specialists for immunisation in hospital
- LAIV is not otherwise contraindicated in children with egg allergy. Egg-allergic children with asthma can receive LAIV if their asthma is well-controlled (see previous slide on severe asthma)

*Children in a clinical risk group and aged under nine years who have not been previously vaccinated against influenza will require a second dose whether given LAIV or inactivated vaccine

Flu vaccines with low ovalbumin content

The following vaccines, available for the 2017/18 flu season, have a very low ovalbumin content ($<0.12\mu\text{g}/\text{ml}$ – equivalent to $<0.06\mu\text{g}$ for a 0.5ml dose) and may be used safely in individuals with egg allergy

Supplier	Name of product	Vaccine type	Age indication	Ovalbumin content per dose ($\mu\text{g}/\text{dose}$)
AstraZeneca UK Ltd	Fluenz Tetra	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age	≤ 0.12 ($\leq 0.024/0.2\text{ml}$ dose)
Sanofi Pasteur Vaccines	Inactivated influenza vaccine (split virion) BP	Split virion inactivated virus	From six months	≤ 0.1 ($\leq 0.05/0.5\text{ml}$ dose)
Sanofi Pasteur Vaccines	Quadrivalent Influenza Vaccine (Split Virion, inactivated)	Split virion inactivated virus Note: This vaccine is only available for the school delivered flu programme	From 3 years	≤ 0.1 ($\leq 0.05/0.5\text{ml}$ dose)

One or Two doses?

Healthy children of any age receiving Fluenz Tetra® require only 1 dose even if never vaccinated before i.e. new group being added only need 1 dose if getting Fluenz Tetra®

“At risk” children, being vaccinated for the first time and under 9 years old require 2 doses, whichever vaccine they receive.

Risk of transmission of live vaccine virus

- theoretical potential for transmission of live attenuated virus to immunocompromised contacts
- risk is for one to two weeks following vaccination
- extensive use of the live attenuated influenza vaccine in US – no reported instances of illness or infections from the vaccine virus among immunocompromised patients inadvertently exposed to vaccinated children
- however, where close contact with very severely immunocompromised patients (eg bone marrow transplant patients requiring isolation) is likely or unavoidable (eg household members) consider an appropriate inactivated flu vaccine instead

Inadvertent administration of LAIV

- if an immunocompromised individual receives LAIV, the degree of immunosuppression should be assessed
- if patient is severely immunocompromised, antiviral prophylaxis should be considered
- otherwise they should be advised to seek medical advice if they develop flu-like symptoms in the four days following administration of the vaccine
- if antivirals are used for prophylaxis or treatment, patient should also be offered inactivated flu vaccine in order to maximise their protection in the forthcoming flu season (this can be given straight away)

Commonly reported adverse reactions

Following inactivated flu vaccine:

- pain, swelling or redness at the injection site, low grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia
- a small painless nodule may also form at the injection site
- these symptoms usually disappear within one to two days without treatment

Following live attenuated flu vaccine:

- nasal congestion/rhinorrhoea, reduced appetite, weakness and headache

Rarely, after live or inactivated vaccine, immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur

Reporting suspected adverse reactions

All serious suspected reactions following flu vaccination should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card scheme at <http://yellowcard.mhra.gov.uk/>

All of the quadrivalent flu vaccines carry a black triangle symbol (▼) (as do all vaccines during the earlier stages of their introduction)

This is to encourage reporting of all suspected adverse reactions



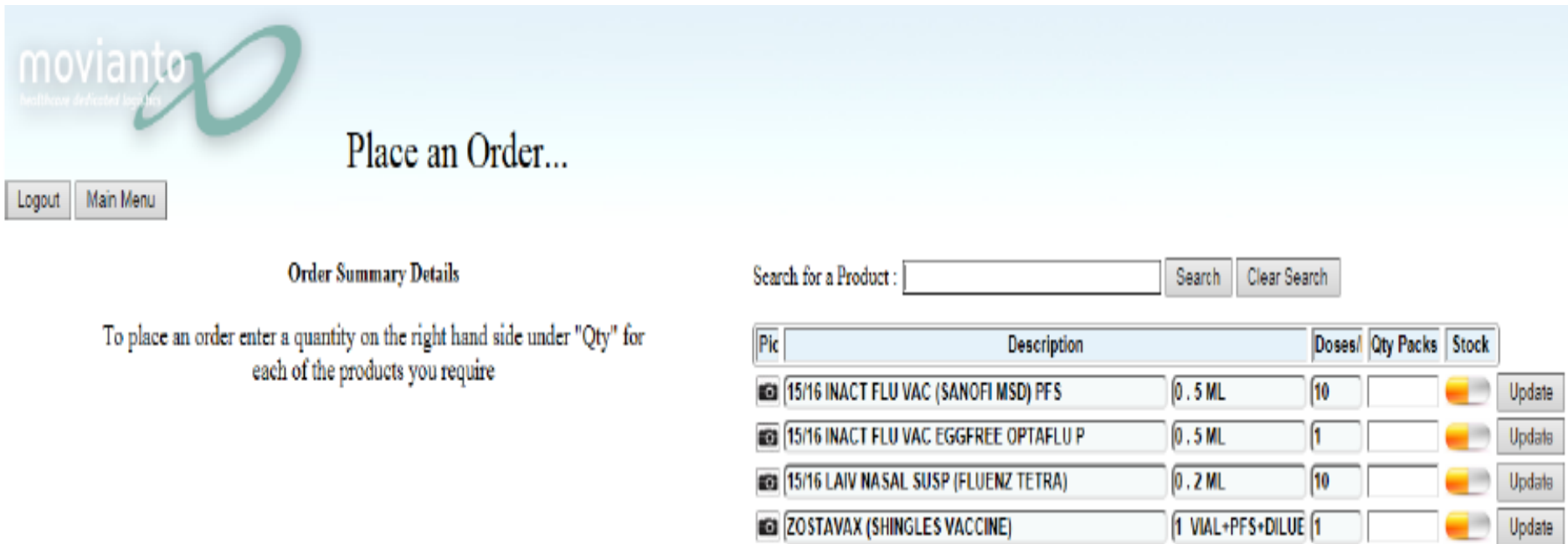
Please, Please, PLEASE Don't Over Order

- Movianto will deliver next working day
- Will deliver as often as needed
- Only order what you need for next week

This avoids:

- Vaccine being left over at end of campaign
- Vaccine can't be taken back once it has been delivered
- Large losses if fridge breaks down

Online vaccine ordering with Movianto



The screenshot shows the Movianto website interface for placing an order. At the top left is the Movianto logo with the tagline 'healthcare dedicated suppliers'. Below the logo is a 'Place an Order...' button. To the left of the main content area are 'Logout' and 'Main Menu' buttons. The main content area is titled 'Order Summary Details' and contains the instruction: 'To place an order enter a quantity on the right hand side under "Qty" for each of the products you require'. On the right side, there is a search bar with the text 'Search for a Product :', a 'Search' button, and a 'Clear Search' button. Below the search bar is a table of products with columns for 'Pic', 'Description', 'Doses', 'Qty Packs', and 'Stock'. The table lists four products: '15/16 INACT FLU VAC (SANOFI MSD) PFS', '15/16 INACT FLU VAC EGGFREE OPTAFLU P', '15/16 LAIV NASAL SUSP (FLUENZ TETRA)', and 'ZOSTAVAX (SHINGLES VACCINE)'. Each product row has a quantity field, a 'Doses' field, a 'Qty Packs' field, and an 'Update' button.

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healthcare dedicated suppliers





Place an Order...

Logout Main Menu

Order Summary Details

To place an order enter a quantity on the right hand side under "Qty" for each of the products you require

Search for a Product : Search Clear Search

Pic	Description	Doses	Qty Packs	Stock
	15/16 INACT FLU VAC (SANOFI MSD) PFS	0.5 ML	10	<input type="text"/> Update
	15/16 INACT FLU VAC EGGFREE OPTAFLU P	0.5 ML	1	<input type="text"/> Update
	15/16 LAIV NASAL SUSP (FLUENZ TETRA)	0.2 ML	10	<input type="text"/> Update
	ZOSTAVAX (SHINGLES VACCINE)	1 VIAL+PFS+DILUE	1	<input type="text"/> Update

Doses means how many vaccines are in one pack then you order how many packs needed

Last year some practices ordered 10 times too much fluenz and it cannot be taken back.

Please order carefully and check order email to ensure it is correct

Movianto available to phone for any queries/corrections

Details for 2017/18 - In schools

All Primary School children (P1 – P7 inclusive) will be offered the vaccine in school;

Includes “at risk” children as well as healthy children;

DOB range: 02/07/2006 – 01/07/2013 – GPs should NOT invite these children for vaccination even those in risk groups

Fluenz Tetra® will be offered to most children – those for whom contraindicated but who can receive injected vaccine will be offered injected vaccine in school;

Primary school children GPs DO need to vaccinate

School health teams will visit each school once only – no mop-up of those absent on day of visit;

Parents will be advised to contact GP if require vaccine – particularly important for “at risk” children;

A few children will require a second vaccine after 4 weeks – again parents will be advised to contact GP for this;

Onus is on parents to contact GP, but should be facilitated if request is made

Normal fee payable for all such children vaccinated by GP
(Both “healthy” and “at risk”)

Details for 2017 - General Practice

All pre-school children aged 2 years and over on 1 September 2016 should be invited for flu vaccination.
(DOB range: 02/07/13 – 01/09/15)

Children of all ages in risk groups – invited as normal – except those in any year in Primary School who will be offered vaccine in school DOB: 02/07/2006 – 01/07/2013

Children in Primary School who miss vaccination in school, to be offered it if parents contact surgery requesting it.

Children who get 1st vaccine in school and require 2nd vaccine.

SEVEN ELEMENTS TO RUNNING A SUCCESSFUL FLU CAMPAIGN

COMMUNICATION

- Tailor your strategy to your organisation
- Mix up your communications channels – Twitter, intranet, email
- Keep staff updated throughout your campaign

SUPPORT – ALL HANDS ON DECK

- Have a champion to provide leadership at a senior level
- Seek involvement from the board to the ward
- Get buy-in from management to lead by example

PEER VACCINATION

- Use peer vaccinators
- Train clinical directors to vaccinate staff
- Utilise staff on adapted working / light duties

REWARDS

- Use incentives in your campaign
- Incentives don't need to cost a lot – be creative
- A small treat can have a big impact

BALANCED FLU TEAM

- Include staff from all parts of your organisation
- Get a good skills mix – think communications to clinical
- A diverse team will strengthen your campaign

MYTHBUSTING

- Include mythbusting in your communications
- Use clinical evidence for support
- Challenge misconceptions

ACCESSIBILITY

- Set up a mobile flu vaccination clinic
- Reimburse your staff if they buy their job externally
- Hold drop-in clinics at staff events



Public Health
England

A leading workforce campaign delivered by



Resources

- The Green Book: Influenza Chapter
- DOH CMO letter seasonal influenza 2017/18
- Flu patient information leaflets
- Flu healthcare worker's factsheet
- Flu aware NI

