From the Chief Medical Officer
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Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD)59/2020

For Action:

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (*for onward distribution to practice staff)*

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Our Ref: HSS(MD)59/2020
Date: 18 August 2020

Dear Colleague

SEASONAL INFLUENZA VACCINATION PROGRAMME 2020/21

ACTION REQUIRED

Public Flu Vaccination Programme

Chief Executives must ensure this information is drawn to the attention of all staff involved in the seasonal flu vaccination programme, including:

- school health teams, health visitors, community children nurses, and paediatricians
- physicians managing patients with chronic medical conditions, oncologists, geriatricians, district nurses, treatment room nurses
- midwives, obstetricians
- Occupational Health Departments, Trust Peer Vaccinators

The HSCB must ensure this information is cascaded to all General Practitioners and practice managers for onward distribution to all staff involved in the seasonal flu vaccination programme.

The RQIA must ensure this information is cascaded to all Independent Sector Care Homes for onward distribution to all staff involved in the seasonal flu programme.

Frontline Health and Social Care Worker Flu Vaccination Programme - including Independent Sector

Chief Executives should ensure all frontline staff are actively encouraged to receive the flu vaccine to help protect their families, themselves, their patients and the wider population.

The RQIA should actively encourage all Independent Sector Care Home staff to receive the flu vaccine either via OHS clinics or local vaccination arrangements.

Introduction

1. The purpose of this letter is to provide information about the annual seasonal influenza vaccination programme for 2020/21. This includes influenza vaccination for the general public (adults and children) and for frontline Health and Social Care Workers (HSCWs) (Trust and non-Trust employed). The best way to improve the prevention and management of flu is to increase the uptake of vaccination, especially among health and social care workers with direct patient contact.

2. It is important that we take all necessary measures to help reduce the risk of concomitant circulation of Influenza and Covid-19 during the forthcoming winter. Early evidence suggests that co-infection is associated with increased mortality of over two fold compared to those with Covid-19 alone.

3. This risk can be reduced by maximising the flu uptake rates in all eligible groups. The flu vaccination programme this year will therefore be more important than ever in ensuring the most vulnerable members of society and our health and social care workers are given the best protection against Influenza. This will also help to protect the health service and enable it to respond to further waves of the pandemic should these occur over the winter months.

4. We do not under estimate the challenges involved in delivering the flu programme to tens of thousands of people over a short period, while ensuing social distancing advice is adhered to, but it is essential that we achieve as high an uptake rate as possible.

5. Eligible groups for the flu vaccination programme are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). It has been agreed that in addition to the routine eligible groups, the flu vaccine should also be offered, on request, to the household contacts of anyone who received a shielding letter during the pandemic. Additional vaccine has been purchased in order to try and maximise uptake rates across all eligible groups and this year it has been agreed to extend the school based children's programme to include all year 8 (first year) pupils in secondary schools.

6. Based on vaccine availability and the uptake rates being achieved, the vaccination programme **may also be** extended **from December** to additional cohorts, such as all healthy 50 to 64 year olds, but further information setting out the specific details of this will be issued in due course. Healthy 50 to 64 year olds will NOT be eligible to receive the vaccine prior to any policy announcement.

7. The vaccination programme will officially begin on 1 October 2020, however, those administering the vaccine can and should begin offering the vaccine as soon as they have received their first delivery of vaccine, prioritising groups as set out in Annex 2. To date, vaccine manufacturers have advised that all the vaccines ordered for use should be delivered as scheduled by the end of August.

8. For ease of use, information relating to the various parts of the programme are set out in the attached annexes as follows:

- Annex 1 –Flu Vaccines available in 2020/21 (pages 8 to 14)
- Annex 2 - Public Vaccination Programmes 2020/21 (pages 15 to 22)
- Annex 3 – Clinical risk groups 2020/21 (pages 23 to 25)
- Annex 4– HSCWs Vaccination Programme 2020/21 (pages 26 to 31)
- Annex 5 – Details of how to order vaccine (pages 32 to 34)

9. The following are important points to note:

Flu vaccines available in 2020/21

- There will be several different vaccines available this year some of which are specifically recommended for different ages groups. The main types of vaccine available will be:

  - An adjuvanted Trivalent Inactivated Vaccine (aTIV) for **those aged 65 years and over**. The aTIV is more effective and cost-effective in the elderly than non-adjuvanted vaccines and reflects current JCVI advice and Green Book guidance. (See Annex 1 paras 13).

  - A Quadrivalent Inactivated Vaccine (cell-based) (QIVc) will for the first year be available for those **aged 18 to 64 years of age in an at risk group**. **Children over 9 years of age** may also receive QIVc if they have a contraindication to Live Attenuated Influenza Vaccine (LAIV). This reflects current JCVI advice and Green Book guidance.. (See Annex 1 paras 14-15).

  - A Live Attenuated Influenza Vaccine (LAIV) (Fluenz Tetra®) as first line for eligible children **aged two years up to less than 18 years,** <u>except those with contraindications</u> such as immunodeficiency, severe asthma or active wheezing. (See Annex 1 paras 16-30).

  - A Quadrivalent Inactivated Vaccine (egg-based) QIVe will still be available in smaller volumes. This should only be used for children under 9 years of age, either 2 to 9 year olds who cannot receive the LAIV for medical reasons, or 6 month to 2 years olds who are too young to receive LAIV vaccine

  - Some additional vaccine ordered via the Department of Health and Social Care in England for use across the UK will become available for use in NI during the flu programme. Details of these vaccines will be issued in due course.

- <u>**Children's vaccination programme**</u>

- **This year** the school based vaccination programme will be extended to include **all children in year 8** (1st year) of secondary school i.e. those born between 2 July 2008 to 1 July 2009.

- School Health teams **will actively offer** the flu vaccine to **all children (including those in a clinical risk group) attending primary school, special**

school and year 8 of secondary school during the 2020/21 academic year. (See Annex 2 para 6).

- GPs **should actively call and** offer flu vaccine to **all pre-school children aged two years or more on the 1 September 2020 (D.O.B range 02/07/16 – 01/09/18) as early as possible**, once they take delivery of the Fluenz Tetra® vaccine. We would urge that an increased effort is given to the vaccination of preschool children to ensure uptake rates are maximised (See Annex 2 paras 2-4).

- GPs **should actively call** and offer flu vaccine to **any children who are in a clinical risk group who are in school years 9-14** (i.e. those who D.O.B falls between 2/7/02 and 1/7/08). This includes young people from 16 years of age with morbid obesity. Children and young people with chronic neurological disease should be prioritised (See Annex 2, paras 5).

Adult's vaccination programme

- Flu causes significant morbidity and mortality in adults with chronic medical conditions Early evidence suggests that flu and COVID-19 co-infection is associated with increased mortality of over two fold compared to those with Covid-19 alone. **GPs should call all patients aged 65 and over and any eligible patients under 65 year olds** for flu vaccine. All secondary care staff involved in the patient care of these individuals should actively encourage their patient at every contact to receive the flu vaccine (See Annex 2 paras 12-13).

- **GPs should call all pregnant women** for flu vaccine at any stage during pregnancy. All maternity staff, including midwives and obstetricians, should actively encourage pregnant women at every contact to receive the flu vaccine (See Annex 2 paras 14-19).

Frontline Health and Social Care Workers - including Independent Sector

- We would like to re-emphasise the importance of vaccination for frontline Health and Social Care workers, including those working in the Independent Sector to ensure they **protect their families, themselves and the vulnerable patients in their care** (see Annex 4).

- In order to further support frontline Health and Social Care workers to avail of vaccination, the HSCB are working with the PHA and Community Pharmacy Northern Ireland (CPNI) to develop a new service that should enable HSCWs to receive their flu vaccine from participating community pharmacies across Northern Ireland. Further details will be provided in due course (see Annex 4, page 28).

Vaccine supply and ordering

10. All GP practices must confirm or update their details on the current Movianto ordering system prior to being permitted to order vaccines for the 2020/21 campaign. Practices requiring vaccine to be delivered to multiple sites must advise Movianto. This is for mass vaccination clinics only and is not an option for business

as usual venues. GP practices must complete initial registration **by 21 August 2020,** any additional off site vaccination clinics should be confirmed **by 4 September 2020** at the latest**.**

11. Central procurement of the injectable annual seasonal influenza vaccines has been completed. GPs and Trusts can place orders for all age groups requiring an injectable flu vaccine **from w/c 24 August**. Deliveries are expected to be made to practices from mid to late September.

12. UK wide procurement is carried out for Fluenz Tetra® vaccine. GPs can place orders for pre-school (aged 2-4 years) children and post-primary school children in at risk groups requiring Fluenz Tetra® **from mid-September**. Deliveries are expected to be made to practices from end of September / early October. Trust schools teams should place orders for the school programmes as normal. The details of how to order are attached at Annex 5**.**

13. All vaccinators in GP Practices and Trusts are reminded of the importance of **not over ordering**. While there is not expected to be an issue with vaccine supply, it is essential that vaccine orders are realistic in order to conserve and tailor supplies to the expected need. This is particularly important this year as the programme may be extended to other age cohorts, subject to vaccine availability. **Orders can normally be fulfilled by the next working day provided the order has been placed before the cut-off time**.

Delivering the programme during the pandemic

14. Patients will, need reassurance that appropriate measures are in place to keep them safe from COVID-19, as it is likely to be co-circulating with flu. This reassurance will be especially important for those on the shielding list. Providers will be expected to deliver the programme according to guidelines on social distancing. PPE and Face masks that are current at the time.

Shingles vaccine supply

15. The shingles vaccination programme for 2020/21 will also officially commence in October 2020. Details of this year's programme can be found in HSS(MD) 55/2020 which issued on 6 August 2020 - https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-55-2020.pdf

16. As the eligible vaccination groups for the shingles programme overlap with the eligible seasonal flu vaccination groups, orders for the shingles vaccine, Zostavax® can be combined with the seasonal flu vaccines. If you submit a combined order for flu and shingles vaccines you will receive both vaccines in a single delivery from mid to late September onwards. **If you require shingles vaccines before this date please place a single order**.

17. **Please note** some shingles stock has an expiry date of **30 November 2020 and 31 January 2021.** GPs should ensure they only order enough vaccine to meet their weekly needs.

18. It should be emphasised that whilst for ease of administration the majority of Zostavax® is given to eligible patients at the same time as their flu vaccine; **Zostavax can and should be given throughout the year** to those who did not receive it during the flu season period for whatever reason. **Please place a single order if you require shingles vaccines outside the flu vaccine programme months**.

Conclusion

19. I would like to express my sincere appreciation to all who worked hard to manage seasonal flu during the 2019/20 season. While it was a relatively mild flu season, events have now shown with the Covid-19 pandemic that it is vital that we do all we can to ensure the HSC is prepared for winter pressures and unexpected events. Morbidity and mortality attributed to flu is a key factor in HSC winter pressures and a major cause of harm to individuals.

20. The annual flu immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. The Flu vaccination will help protect our staff from flu. It will help to reduce GP consultations, unplanned hospital admissions, pressure on Emergency Departments and staff sickness levels. In light of the ongoing pandemic this will be more important than ever.

Yours sincerely



Dr Michael McBride	**Professor Charlotte McArdle**	**Mrs Cathy Harrison**
Chief Medical Officer	**Chief Nursing Officer**	**Chief Pharmaceutical Officer**

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This letter is available on the Department of Health website at

https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Annex 1

2020/21 AVAILABLE FLU VACCINES FOR PUBLIC AND HSCW PROGRAMMES

1. As with previous years, there will be several different flu vaccines available, some of which are specifically recommended for different ages groups. None of the influenza vaccines for the 2020/21 season contain thiomersal as an added preservative.

2. A adjuvanted Trivalent Inactivated Vaccine (aTIV) will be available and should be offered to all those aged 65 years and over (see para 39 for more information). **aTIV vaccine is only licensed for those aged 65 years and over**. The aTIV is **NOT** suitable for egg or latex allergic people. In these instances the cell-based (QIVc) Quadrivalent Inactivated Vaccine can be given (see egg allergic section paras 34 to 37).

3. The Live Attenuated Influenza Vaccine (LAIV) (Fluenz Tetra®) will again be available for eligible children **aged two years up to less than 18 years,** except those with contraindications such as immunodeficiency, severe asthma or active wheezing. (See paras 19-29 for more information)). As the vaccine contains porcine gelatine an alternative injectable vaccine can be offered should a child/parent object to use of the LAIV for religious reasons.

4. This year a cell-based Quadrivalent Inactivated Vaccine (QIVc) (Flucelvax®) will be available for the first time for all individuals aged 18 to 64 years of age in a 'clinical at risk' group. QIVc should also be offered to all HSCWs; **this includes HSCWs that are over 65 years**. (Annex 4 paras 11-12 for more information). QIVc is licensed for children aged from 9 years of age and so can be offered to 9 to 18 year olds who cannot receive LAIV).

5. An egg-based Quadrivalent Inactivated Vaccine QIVe will also be available this year in smaller volumes. QIVe is recommended for children aged between 6 months to under 2 years, who are too young to receive LAIV. QIVe should also be offered to children aged between 3 and under 9 years of age who cannot receive the LAIV vaccine.

6. Additional vaccines, which were centrally procured by the Department of Health in England, will become available as the season progresses. Further details relating to these vaccines will be released in due course

7. Based on vaccine availability and the uptake rates being achieved, the vaccination programme **may also be** extended **from December** to additional cohorts, such as healthy 50 to 64 year olds. Further information setting out the specific details of this will be issued in due course.

8. It is anticipated that initial seasonal flu vaccine supplies will arrive in Northern Ireland during August 2020. This should permit GPs and Trusts to schedule clinics once they have received their first delivery of vaccine. Table 1: Influenza Vaccines available for 2020-21 programme

Marketing Authorisation Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
Seqirus UK Limited, Level 3, 29 Market Street, Maidenhead SL6 8AA, United Kingdom.	Adjuvanted Trivalent Influenza Vaccine (aTIV)	Adjuvanted Trivalent Influenza Vaccine (aTIV)	Surface antigen, inactivated Adjuvanted with MF59C.1	Intramuscular injection	65 years and over	All 65 years and over (GP campaign)	No	No
Seqirus Netherlands B.V. Paasheuvelweg 28 1105BJ Amsterdam Netherlands	Quadrivalent Influenza Vaccine (cell grown) (QIVc)	Flucelvax® Tetra	Surface antigen, inactivated prepared in cell cultures	Intramuscular injection	Adults and children from 9 years of age	Children from 9 years of age who cannot receive LAIV (GP campaign) Anyone aged 18- 64 years in at risk group (GP campaign) All H**SCW** workers Children over 9 years who cannot receive LAIV (**GP** and schools campaign) **Adults 65 years and over with egg/latex allergy**	Yes – egg free	**Yes**
Sanofi Pasteur Europe 14 Espace Henry Vallée 69007 Lyon FRANCE	Quadrivalent Influenza Vaccine (egg grown) (QIVe)	Quadrivalent influenza vaccine	Split virion, inactivated virus	Intramuscular injection	From 6 months	6 month to 2 year olds in at risk groups (GP campaign) Children under 9 years who cannot receive LAIV (**GP** and schools campaign) **(**anyone requiring this should contact their GP)	Yes – if no history of severe anaphylaxis that required intensive care	Yes
AstraZeneca AB SE-151 85 Södertälje Sweden	Live Attenuated Influenza Vaccine (LAIV)	Fluenz Tetra®	Live Attenuated	Nasal spray	From 24 months to less than 18 years old	All 2- 4 year olds (GP campaign) All primary school children plus Year 8 children (**schools** campaign) 11- 17 year olds in at risk groups (**GP** campaign)	Yes - if no history of severe anaphylaxis that required intensive care (see para 35)	Yes

2020/21 influenza virus subtypes

9. Flu viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of flu viruses throughout the world. Each year, in February, WHO makes recommendations on the strains that should be included in the northern hemisphere flu vaccines for the forthcoming flu season, which beings in October. Throughout the last decade, there has generally been a good match between the strains of flu virus in the vaccine and those that subsequently circulated.

10. The WHO has announced that quadrivalent and vaccines for use in the 2020/21 northern hemisphere influenza season should contain the following:

Egg-based Vaccines

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/2671/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell- or recombinant-based Vaccines

- an A/Hawaii/70/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/45/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

11. It is recommended that **trivalent influenza vaccines** for use in the 2020 - 2021 northern hemisphere influenza season contain the following:

Egg-based Vaccines

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/2671/2019 (H3N2)-like virus; and
- a B/Washington/02/2019 (B/Victoria lineage)-like virus.

Cell- or recombinant-based Vaccines

- an A/Hawaii/70/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/45/2019 (H3N2)-like virus; and
- a B/Washington/02/2019 (B/Victoria lineage)-like virus.

Vaccine Effectiveness

12. Vaccine effectiveness (VE) varies from one season to the next. The United Kingdom has a well-established system to monitor influenza VE each season using data from primary care influenza sentinel swabbing surveillance schemes in England, Scotland, Wales and Northern Ireland.

13. The provisional overall adjusted end-of-season VE for 2019/20 was significant at 43% against laboratory-confirmed flu. Adjusted VE was highest against influenza A(H1N1)pdm09 (54%), but as seen in the past 2 seasons, reduced VE against influenza AH3N2 (31%)[1].

14. In previous years, there has been lower effectiveness in older people from the non-adjuvanted inactivated vaccines compared to younger age groups, although the immunisation still provides important protection against cases of severe disease, such as flu confirmed hospital admission and reductions in numbers of GP consultations.

Adjuvanted Trivalent Inactivated influenza Vaccine (aTIV)

15. The adjuvanted Trivalent Inactivated Vaccine (aTIV), was licensed in 2017 and is available for use again this season. JCVI concluded at its October 2017 meeting that **an aTIV is more effective and highly cost effective in those aged over 65 years and above** compared with the non-adjuvanted or 'normal' influenza vaccines used in the UK for this age-group. If aTIV is unavailable QIVc should be offered instead.

Quadrivalent Inactivated Influenza Vaccine (QIVc and QIVe)

16. JCVI had reconsidered the use of quadrivalent influenza vaccines (QIV), which offer protection against two strains of influenza B rather than one. As influenza B is relatively more common in children than older age groups, the main clinical advantage of these vaccines is in childhood. Because of this, those vaccines centrally supplied for the childhood programme in recent years have been quadrivalent preparations.

17. Further modelling work by Public Health England suggests that, the health benefits to be gained by the use of quadrivalent vaccines compared to trivalent vaccines, **is more substantial in at risk adults under 65 years of age, including pregnant women**. On average, use of quadrivalent over trivalent is likely to lead to reduced activity in terms of GP consultations and hospitalisations.

Live Attenuated Influenza Vaccine (LAIV) (Fluenz Tetra®)

18. JCVI have recommended that a live attenuated influenza vaccine (LAIV) be used as the vaccine of choice for children. There is currently only one LAIV on the market, Fluenz

[1] Surveillance of influenza and other respiratory viruses in the UK: Winter 2019 to 2020. Available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895233/Surveillance_Influenza_and_other_respiratory_viruses_in_the_UK_2019_to_2020_FINAL.pdf

Tetra® (a quadrivalent live attenuated intranasal influenza vaccine).

19. JCVI recommended that extending the flu vaccination to all children should reduce the impact of flu by directly averting many cases in children and by reducing flu transmission in the community. This in turn will avert many cases of severe flu and flu related deaths in older adults and people with clinical risk factors.

20. While the long term effectiveness of the children's flu programme is still being assessed it should be noted that since the programme was introduced the levels of GP consultation rates for influenza-like illness during each flu season has been lower in Northern Ireland compared to other parts of the UK and the Republic of Ireland where either a more limited or no flu vaccination programme for healthy children was operating.

21. JCVI recommended Fluenz Tetra® as it has:
    - higher efficacy in children, particularly after only a single dose;
    - the potential to provide coverage against circulating strains that have drifted from those contained in the vaccine;
    - higher acceptability with children, their parents and carers due to intranasal administration;

22. Fluenz Tetra® is administered by the intranasal route and is supplied in an applicator that allows a divided dose to be administered in both nostrils. The device allows intranasal vaccination to be performed without the need for additional training. Neither dose needs to be repeated if the patient sneezes, or blows their nose following administration. <u>The live attenuated vaccine can be given at the same time as other vaccines including live vaccines</u>.

23. The vaccine is licensed for those aged from 24 months to less than 18 years of age. **Given that this vaccine gives better protection for children, Fluenz Tetra® should be administered to all children eligible for vaccination <u>except those with contraindications</u> (see below).**

24. The patient information leaflet provided with Fluenz Tetra® states that children should be given two doses of this vaccine if they have not had flu vaccine before. However, JCVI considers that a second dose of the vaccine provides only modest additional protection. On this basis, JCVI has advised that most children should be offered **a single dose** of Fluenz Tetra®. However, children in clinical risk groups aged two to less than nine years who have not received flu vaccine before should be offered two doses of Fluenz Tetra® (given at least four weeks apart).

25. For children for whom Fluenz Tetra® is contraindicated or not recommended, a suitable inactivated flu vaccine should be offered. If these children are aged six months to less than nine years and have not received flu vaccine before, two doses of the inactivated vaccine should be offered (given at least four weeks apart).

26. Fluenz Tetra® has a shelf life of **18 weeks** that starts at the point of release from the manufacturer. This is a shorter shelf life than other influenza vaccines and some of this time will have passed when the vaccine reaches GPs/School Health Teams. It is important that the expiry date on the nasal spray applicator is checked before use. If the expiry date has passed, please make arrangements to have the vaccine disposed of safely.

27. Vaccine has been ordered to cover the period over which historically the flu vaccine has been administered, extending from late September to mid-December.

28. **It is highly likely that most of the Fluenz Tetra® supplied will have expired before the end of January 2021. In light of this it will be important to ensure that efforts are made to vaccinate all children as soon as possible.**

Contraindications and precautions

29. **None** of the influenza vaccines should be given to those who have had:
    - a confirmed anaphylactic reaction to a previous dose of the vaccine, or
    - a confirmed anaphylactic reaction to any component of the vaccine (other than ovalbumin – see the Green Book influenza chapter for egg allergy and inactivated influenza vaccines).

30. **Fluenz Tetra®** is contraindicated in children and adolescents who are:

    - clinically severely immunodeficient due to conditions or immunosuppressive therapy;
    - receiving salicylate therapy because of the association of Reye's syndrome with salicylates and wild-type influenza infection.
    - currently taking or have been prescribed high dose oral steroids in the last 14 days

31. **Fluenz Tetra®** is not recommended in children with a history of active wheezing at the time of vaccination (until at least 72 hours after wheezing has stopped); or those who have increased their use of bronchodilators in the previous 72 hours. If their condition has not improved after a further 72 hours then, to avoid delaying protection in this high risk group, these children should be offered an inactivated influenza vaccine;

32. The advice in contraindications and precautions sections in the Green Book influenza chapter and in the relevant Summary of Product Characteristics (SPC) should be referred to.

Egg allergy

33. In recent years, inactivated flu vaccines that have a very low ovalbumin content (<0.12 micrograms/ml) have become available and studies show that they may be used safely

in individuals with an egg allergy (*Gagnon et al*, 2010). The only exception to this is when the egg allergy resulted in anaphylaxis that required an intensive care admission. This year one of the vaccines, (Inactivated egg-grown Quadrivalent Influenza Vaccine (QIVe) from Sanofi Pasteur t/a Aventis Pharma), has an ovalbumin content of < 0.12 micrograms/ml, and can be used for most egg allergic patients aged 6 months to under 9 years of age.

NOTE – The advice in the Green Book differs from the SPC for the quadrivalent vaccine which lists as a contraindication:

"Hypersensitivity to the active substances, to any of the excipients listed in Section 6.1or to any component that may be present as traces such as eggs (ovalbumin, chicken, proteins), neomycin, formaldehyde and octxinol-9"

34. For anyone aged 9 years of age or older who has had **confirmed anaphylaxis to egg (requiring intensive care)** a cell-grown Quadrivalent Influenza Vaccine (QIVc) should be used.

35. The adjuvanted influenza vaccine (aTIV) however, has a higher ovalbumin content and is **NOT** suitable for egg allergic patients. Any egg allergic patient aged 65 years and above should be offered the Inactivated Quadrivalent Influenza vaccine (QIVc).

36. Fluenz Tetra®, which previously had an upper ovalbumin limit of 1.2 micrograms/ml, has also been shown (JCVI, 2015) to be safe for use in egg-allergic children. The ovalbumin content of LAIV has been further reduced since 2016 (≤0.024 micrograms per 0.2ml dose). JCVI has advised (JCVI, 2015) that children with an egg allergy – including those with previous anaphylaxis to egg – can be safely vaccinated with LAIV in any setting (including primary care and schools). The only exception is for children who have required admission to intensive care for a previous severe anaphylaxis to egg, for whom no data are available; such children are best given LAIV in the hospital setting. LAIV remains the preferred vaccine for this group and the intranasal route is less likely to cause systemic reactions. Children with egg allergy but who also have another condition which contraindicates LAIV should be offered an inactivated influenza vaccine with a very low ovalbumin content (less than 0.12 micrograms/ml). Children in a clinical risk group and aged under nine years who have not been previously vaccinated against influenza will require a second dose (of either LAIV or inactivated vaccine as appropriate).

37. Facilities should be available and staff trained to recognise and treat anaphylaxis (as is the case when any vaccines are given).

Annex 2

PUBLIC (CHILDREN AND ADULTS) VACCINATION PROGRAMME DETAILS 2020/21

Individuals eligible for 2020/21 flu vaccine

Children

1. Fluenz Tetra® vaccine is the vaccine of choice for children aged two and over, except those with contraindications.

2. **GPs** are responsible for **actively calling and vaccinating** the following children for flu vaccine:

    a. **all pre-school children** aged two to four years of age on the 1 September 2020 i.e. children with date of birth range: **2 July 2016** to **1 September 2018**

    b. children in a clinical risk group who are **NOT** in primary school or year 8 in secondary school i.e. children with date of birth range: **2 July 2002 to 1 July 2008.**

3. Only pre-school children who are two years old or more on the 1 September 2020 should be actively called for vaccination. However, if a child turns two years old during the vaccination period i.e. from September to December 2020 and their parents request that they receive the vaccine, GPs should vaccinate the child once they are two years of age, in line with the vaccine license. GPs can claim the normal Item of Service (IOS) fee for these patients.

4. **School aged children in secondary school years 9 to 14 and in a clinical risk groups will NOT** be vaccinated in school so it is important that those at risk are identified and vaccinated in primary care. When any doubt exists as to whether the vaccine should be given it is best to err on the side of caution and offer the vaccine.

5. The H1N1 pandemic flu in 2009 highlighted that children with complex medical healthcare needs, such as (but not confined to), those attending special schools for severe learning disability and day care centres, are particularly vulnerable to influenza infection and **should be offered seasonal flu vaccine as a priority**.

6. **School Health Teams** are responsible for offering flu vaccine to **all children (including those in a clinical risk group) attending primary school** (P1 to P7 inclusive), and **Year 8 of secondary school** during the academic year 2020/21.

    This means GP practices **do not** need to actively call at risk children with date of birth range**: 2 July 2008 to 1 July 2016.**

7. This year school health teams have to visit more schools than before to include secondary schools, and may also need to visit each school on more than one occasion, due to social distancing requirements when delivering immunisation sessions. The school programme has to be delivered over a short space of time so if a child is absent from school during any of the prearranged date(s) OR if they require a second dose of the flu vaccine, the parent/guardian will be advised by the school health team to contact their GP.

8. **This is especially important for children in clinical risk groups.** Parents will be advised of the need for this and the onus will be on them to contact the GP surgery. GPs are asked to facilitate vaccination when contact is made but do not need to identify and call these children. GPs can claim the normal IOS fee for these children. This will only apply to those school children born between 2 July 2008 and 1 July 2016.

9. In 2019/20, the uptake rate achieved in pre-school children was 48.5%. **A key objective of the children's programme this year is to maximise uptake rates in order to achieve reduction of flu transmission.** Enough vaccine will be available to achieve an uptake rate of 95%. With this in mind, GPs should actively call the children they are responsible for as early as possible and when they have received delivery of Fluenz Tetra®. GPs are urged to encourage the parents/guardians of eligible children to take up the offer of vaccination and recall children if required.

10. Only suitably trained GP employed staff should be used to vaccinate children as part of the children's flu programme.

JCVI advice regarding the number of flu vaccine doses for children

11. The patient information leaflet provided with LAIV states that all children should be given two doses of this vaccine if they have not had flu vaccine before. However, JCVI considers that a second dose of the vaccine provides only modest additional protection and on that basis has advised that most children should be offered a single dose of LAIV. Children in clinical risk groups aged two to less than nine years of age who have not received flu vaccine before should be offered two doses of LAIV (given at least four weeks apart).

    Given that some influenza vaccines are restricted for use in particular age groups, the SPCs for individual products should always be referred to when ordering vaccines to ensure that they can be given appropriately to particular patient age groups.

Individuals under 65 years in a clinical at risk group

12. **Annex 3** sets out the eligible 'clinical risk' groups in full. In offering influenza vaccine to people in the clinical risk groups, GPs should take into account the risk of influenza infection exacerbating any other underlying disease that a patient may have as well as the risk of serious illness from influenza itself.

13. The lessons learnt from recent years should be taken into account when deciding who should be included within the target groups. For chronic neurological disease, in particular, it is now clear that this group should also include children and young people with any chronic neurological disease and includes Multiple Sclerosis and related conditions and hereditary and degenerative diseases of the central nervous system.

14. **All pregnant women** should be offered the seasonal flu vaccine by their GP, including those who become pregnant during the flu season. For those pregnant women who are also HSCWs, they can be vaccinated by their Trust OH service or peer vaccinators, This applies to pregnant women at any stage of pregnancy (first, second or third trimesters).

15. Inactivated quadrivalent vaccine should be used, including for anyone under 18 years old as Fluenz Tetra® is contraindicated in pregnancy.

16. There is good evidence that pregnant women are at increased risk of complications if they contract flu.[1,2] In addition, there is evidence that flu during pregnancy may be associated with premature birth and smaller birth size and weight[3,4] and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy[5]. Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu to infants in the first few months of life.[6,7,8,9]

17. A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy and that no study to date has demonstrated an increased risk of either maternal complications or adverse foetal outcomes associated with inactivated influenza vaccine[10].

18. Pertussis vaccination for pregnant women can be given at the same time as the flu vaccine, if it is convenient to do so. However as set out in HSS (MD) 9/2016, the pertussis vaccine can now be given from 16 weeks gestation, see attached link: www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-9-2016.pdf, whereas flu vaccine can be given at all stages of pregnancy. It is important not to delay flu vaccine in order to give it at the same time as pertussis vaccine.

When to stop offering the vaccine to pregnant women

19. The ideal time for flu vaccination is between October and early December before flu normally reaches its peak of circulation. However flu can circulate considerably later than this and it may therefore be necessary to continue offering the vaccine to groups such as newly pregnant women. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu-like illness in the community and the fact that the immune response following flu vaccination takes about two weeks to develop fully. The PHA will provide advice on extending the flu vaccination period if necessary.

Vaccination of patients outside the clinical risk groups

20. The list of clinical at risk groups, as set out in Annex 3, is not exhaustive. Where a person **not in a clinical risk group** requests/requires an influenza vaccination, the decision to immunise is based on the GP's clinical judgement. Vaccination should also be offered to:

    a. household contacts of immunocompromised individuals i.e. individuals who expect to share living accommodation on most days over the winter

    b. Those who are in receipt of a carer's allowance, or those who are the main carer, or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill

21. 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. Separate arrangements are being put in place for adult prison populations);

    a. Individuals where a medical practitioner recommends flu vaccine based on clinical judgement of the risk of flu exacerbating a underlying disease and the risk of serious illness from flu itself

22. In such cases, influenza vaccine should be offered from the centrally procured stock even if the individual is not in one of the clinical risk groups specified in this circular. For monitoring purposes these patients should be recorded as 'others'

23. For any other patients who wish to avail of the flu vaccine they should be advised that these are available (privately) at many community pharmacies.

Funding and Contractual Arrangements

24. The arrangements and funding for the seasonal flu vaccination programme remain the same as in previous years. Under the arrangement associated with the GMS contract financial envelope, the HSCB has already been allocated funding for the immunisation with flu vaccine of those over 65s and for those under 65s at risk.

25. As before, for 2020/21, additional money will be allocated to PHA for onward transfer to:

    I. **HSCB Integrated Care (Primary Care)** to cover payment to GPs for:
    - Immunisation of all pre-school children aged 2 years old or more
    - Immunisation of primary school aged children and Year 8 post-primary school children i.e. those born between **02/07/2008** to **01/07/2016**, who present for vaccination if they were unable to be vaccinated by the school health team
    - Immunisation of carers
    - Immunisation of pregnant women
    - Data collection fee
    - Active call and recall of eligible patients

    II. **HSC Trusts** to cover support for delivery of the influenza programme by treatment room nurses and district nurses for housebound individuals

Consent and Capacity

26. Health professionals must ensure that consent is obtained from individuals attending for administration of any vaccine although it is not a legal requirement for this to be in writing. Individuals should be given appropriate information and advice about the flu vaccine before attending. Individuals coming for vaccination should be given a reasonable opportunity to discuss any concerns before being vaccinated.

    For further information on consent, please see Chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book'). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf

27. Health professionals should refer to relevant guidelines and legislation when assessing a person's capacity to consent to vaccination: https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care

28. Some individuals, for example those with learning difficulties, may require reasonable adjustments to support administration of vaccination to ensure equal access to the vaccine for people with disabilities.

Ordering, storage and the cold chain

29. For ordering vaccine please see Annex 5.

30. Analyses of vaccine use each year shows that in a number of instances vaccine is lost because of cold chain failures. **To prevent a recurrence it is important that**

practices ensure they have in place comprehensive up to date cold chain policies that will minimise the risk.

31. GPs should ensure that they have the fridge capacity to store the vaccines required. **There is no need to stockpile large quantities of flu vaccine and this is actively discouraged.**

32. The joint HSCB / PHA cold chain guidance should be consulted for more information on vaccine storage and how to manage a cold chain failure. It can be found at the following link: https://www.publichealth.hscni.net/directorates/public-health/health-protection/vaccine-preventable-diseases-and-immunisation-0

33. If a cold chain failure occurs unavoidably, e.g. due to a power cut at a weekend, those responsible for the vaccination programme should consult the joint PHA/HSCB guidance for further information. The incident should be reported to the relevant Trust Medicines Information Service prior to vaccine disposal, as it is sometimes still possible to use these vaccines. The incident should also be reported to the PHA Duty Room, especially if vaccines in breach of the cold-chain have been administered to individuals.

34. Given the procedures in place and the frequency of deliveries available, the Department would expect all practices to have robust arrangements in place to ensure that wastage is low. Excessive waste of vaccines is totally unacceptable and practices will be required to account for such situations which are under the close scrutiny of the Department.

Publicity and Public Information Materials

35. The PHA is responsible for delivery of the influenza vaccination programme communication plan which is delivered in line with wider HSC communications for winter. From September 2020, publicity messages will be launched in phases for children, followed by adults and unpaid carers, and then health and social care workers to encourage those eligible to take up the offer of the vaccine.

36. As before, PHA will also produce public information leaflets which will be distributed by the PHA to all GPs and Trusts before the season starts, in August, in line with normal arrangements. Leaflets can also be accessed at the PHA website at: pha.site/seasonal-influenza

37. As in previous years, funding is provided to GP practices to enable them to **actively call their patients for flu vaccine** (e.g. by letter, email, phone call, text) to ensure as high an uptake rate as possible. The benefits of flu vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible while abiding by the social distancing guidelines that apply at that point.

Training for Health Professionals

38. Since the 1990s, national surveys have been undertaken to understand the public attitudes towards immunisations. According to the most recent survey, health professionals remain the most trusted source of advice on immunisation.

39. Some the flu vaccines available are only licensed for particular age groups, therefore it is important that everyone involved in the programme is appropriately trained. This will allow them to discuss the vaccines with patients and will minimise the likelihood of patients being given vaccines outside of their product license.

40. The PHA will produce the following professional information to support the delivery of the programme, which will be available on the PHA website pha.site/seasonal-influenza:
    a. Seasonal flu vaccination programme training slides
    b. Influenza factsheet
    c. E-learning for health care
    d. Influenza weekly surveillance bulletins

41. The Green Book chapter on influenza is available online, see attached link: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

    It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required

Vaccine Uptake Targets

42. In light of the Covid-19 pandemic it is essential that every effort if made to maximise uptake rates and help reduce the risk of concomitant circulation of Influenza and Covid-19, therefore the target for all eligible groups has been raised considerably for 2020/21.

Eligible groups	Uptake ambition
Aged 65 years and over	85%
Aged under 65 years ‘at clinical risk’	85%
Pregnant women	85%
Pre-school children aged two years or over	95%
All children in primary school and year 8 in secondary school	95%

43. The PHA will take the lead in monitoring vaccine uptake on behalf of DoH. The PHA is asked to put in place arrangements to supply a minimum data set on the uptake of influenza immunisation for regional monitoring purposes. It is essential to

supply this information in the required format by the agreed deadlines. Specific arrangements for surveillance will be issued by PHA at a later date.

44. GPs should note that in order to ensure accurate records of all vaccinations are recorded GPs should inform the Child Health System (CHS) of **all seasonal flu vaccinations of children.** In order to help achieve this, the CHS will provide all GP Practices with a list of their pre-school patients aged two years old or more. Practices should return lists of children vaccinated to Child Health on a regular basis, in surname order, also stating forename, H and C number, DOB, address, date and vaccine batch number. These lists can be returned by internal mail or secure email to the Pre-school flu personnel in each Trust. Children of primary school age who for whatever reason are not vaccinated in school but are vaccinated in primary care should have a CHS7 form completed and returned to Child Health.

45. On occasions the PHA may need to contact GPs to get vaccination details of particular patients to better understand vaccine efficacy. GPs are urged to action any request received from the PHA immediately.

Annex 3

CLINICAL RISK GROUPS 2020/21

Flu vaccine should be offered to the eligible groups set out in the table below

Eligible groups	Further detail
All children aged two years of age and over, not yet at primary school	All those aged two years and over, not yet at primary school on 1 September 2019. (**i.e. DOB 2 July 2016** to **1 September 2018**) should be invited for vaccination by their general practice.
All children attending primary school	All children attending P1 to P7 in primary school (**DOB. 2 July 2009 to 1 July 2016**) will be offered the vaccine in school. Any who miss it in school should be given it *on request* by their practice.
Year 8 (first year) in secondary schools	All Year 8 (first year) in secondary schools (**DOB. 2 July 2008 to 1 July 2009**) will be offered the vaccine in school. Any who miss it in school should be given it *on request* by their practice.
All patients aged 65 years and over	"Sixty-five and over" is defined as those 65 and over on 31 March 2020 (i.e. born on or before 31 March 1956).
Chronic respiratory disease aged six months or older **(See contraindications and precautions section on live attenuated influenza vaccine)**	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months or older	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 aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.

Chronic liver disease aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). 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
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression **(see contraindications and precautions section on live attenuated influenza vaccine)**	Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stage, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorders). 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. 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 flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women **(see contraindications and precautions section on live attenuated influenza vaccine)**	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Morbid obesity (class lll obesity)*	Adults over 16 years of age with a Body mass Index ≥ 40kg/m²

* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category.

* Please note that this group refers to adults over 16 years of age. Those 16-18 years of age should therefore be offered the LAIV vaccine, unless contraindicated.

Annex 4

VACCINATION PROGRAMME 2020/21 FOR FRONTLINE HEALTH AND SOCIAL CARE WORKERS – including independent staff

Rationale

1. JCVI recommends that flu vaccine is offered and provided to all Health and Social Care Workers (HSCWs) who are in direct contact with patients/clients (known as frontline) to **protect their families, themselves and their patients.**

   This is more important than ever following the devastating effects of the Covid-19 pandemic and it is therefore essential staff are encouraged to receive the best protection against Influenza.

2. The rationale for this is to:

   - directly protect themselves from flu infection as HSCWs with direct contact with patients have four times the likelihood of coming in contact with the flu virus than the general population.

   - reduce transmission of influenza within Health and Social Care (HSC) premises, and thus indirectly contribute to the protection of individuals who may have a suboptimal response to their own immunisations.

   - avoid disruption to HSC services that provide their care

3. Influenza outbreaks can arise in HSC premises with both staff and their patients affected when influenza virus is circulating in the community. Vaccination of health and social care workers against influenza has been shown to significantly lower rates of influenza-like illness, hospitalisation and mortality in the elderly in health and social care settings[14,15,16,17]. It can be assumed that social care settings may also benefit from vaccination of staff in the same way.

4. **The flu vaccine given to frontline HSCWs acts as an adjunct to good infection control procedures**. As well as reducing the risk to the patient of infection, reduction of influenza infection among staff and reduced staff absenteeism has also been documented.

5. Frontline HSCWs include:
   - **Trust employed staff;**
   - **Non Trust employed** (i.e. Independent Sector long-stay Care Homes / facilities, GP practices, community pharmacies); and
   - **Other employers** involved directly in delivering Health and Social Care

6. Whilst flu vaccine is recommended for all frontline HSCWs working in Northern Ireland, to date, vaccine uptake monitoring is only published for frontline HSCWs that are employed by HSC Trust organisations.

7. The 2019/20 end of season uptake rate for HCWs was **41.2%**, was an improvement compared to 2018/19 (35.4%) However the uptake by SCWs was **22.8%.** There was, however, substantial variation in the uptake achieved between Trusts, ranging from 29.1% to 62.4%.

8. **This year Trusts and Independent providers should aim to maximise uptake**.

9. In England, **120 out of 227 Trusts reached the target set by DHSC of 75% uptake last year.** It is important that lessons from previous programmes are learnt, such as increasing the number and spread of peer vaccinators and thereby increasing access to the vaccine, to drive seasonal flu vaccination uptake levels much\ higher in frontline staff.

10. Last year, the PHA monitored flu vaccine uptake within Independent Sector Care Homes as part of a voluntary pilot. Only 9% submitted returns and of the 9%, overall uptake rate amongst their SCWs was only 18%. Additional vaccine has been secured which will allow all staff in independent care homes to receive a free flu vaccination either via an OHS clinic or through local arrangements.

Vaccine Uptake Targets

11. As with previous years, vaccine uptake targets only apply to Trust employed HSCW campaigns and a key objective of the HSCW campaign is to maximise reduction of flu transmission. **This is more important than ever**.

    As a direct result of the pandemic the targets have been raised as follows:

Staff Grouping	Minimum Target
Trust frontline Health Care Workers	≥ **75%**

Trust frontline Social Care Workers	**≥ 75%**

2020/21 Influenza Vaccines recommended for HSCWs

12. This year the cell-based Quadrivalent Inactivated Vaccine (QIVc) will be available for **ALL** HSCWs including those over 65 years of age (para 40 for more information).

13. A pilot service in the Western LCG area during 2019/20 demonstrated the potential for community pharmacy to offer an additional route of accessing flu vaccination for HSCWs that is convenient and accessible within the community particularly at evenings and weekends. The HSCB are now working with the PHA and Community Pharmacy Northern Ireland (CPNI) to build on this success and develop a new service that should offer the flu vaccine to all HSCWs across Northern Ireland and which will be available from participating community pharmacies during 2020/21. Further details on how to access the service will be provided by the HSCB and PHA in due course.

Contractual Arrangements for all employers

14. **All employers are responsible for vaccination of their staff**, and should put appropriate arrangements in place to ensure high uptake.

15. Health and social care staff should not routinely be referred to their GP for their vaccination unless they fall within one of the recommended clinical risk groups, or a local agreement is in place for this service.

16. GPs can vaccinate their own staff using some of the stock supplied as part of the national flu vaccination programme.

Trust HSCW Campaigns

17. The responsibility for achieving high uptake in frontline HSCWs lies with HSC Trusts. Whilst Trusts/employers may wish to offer flu vaccine to all their employees, they should ensure that health and social care staff directly involved in patient care (frontline) is **actively encouraged** to be immunised and are fully aware of where and when they can access the vaccine.

18. Trusts should ensure that:
    - there is an identified Flu Lead to coordinate the Trust HSCW Campaign;
    - Flu teams have a broad range of staff from all parts of the Trust, think clinical to communications;

- Flu teams have adequate time and resources to fully engage and encourage staff to receive the flu vaccine; and
- Peer vaccinators are encouraged and trained across directorates in the Trusts, particularly in more remote community locations

19. Trusts have a responsibility to ensure that their flu teams fully engage with the regional campaign to ensure sharing of good practice.

20. As in previous years, regional communication resources will be available, including a regional PHA video, on the PHA website at the following link: pha.site/seasonal-influenza

Consent

21. **Trusts / employers** must ensure that consent is obtained from individuals attending for administration of any vaccine although it is not a legal requirement for this to be in writing. Individuals should be given appropriate information and advice about the flu vaccine before attending. Individuals coming for vaccination should be given a reasonable opportunity to discuss any concerns before being vaccinated.

22. For further information on consent, please see Chapter 2 of the 2006 edition of *Immunisation against infectious disease* (the 'Green Book'). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf

Training Materials

23. The PHA has produced the following professional information to support the delivery of the programme, which will be available, in due course, on the PHA website pha.site/seasonal-influenza:
    - Seasonal flu vaccination programme training slides;
    - Influenza immunisation programme 2020/21 factsheet for health professionals;
    - E-learning for Healthcare;
    - Frontline HSCW 2020/21 seasonal flu vaccine campaign- Trust guidance on data collection (includes updated detail on definitions of frontline HSCWs)
    - Peer Vaccinator Training recommendations; and
    - Influenza weekly surveillance bulletins

24. The Green Book chapter on influenza is available online, see attached link: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19 It should be noted that the chapter is updated on an ongoing basis and

therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

Monitoring Vaccine Uptake

25. Trusts have a responsibility to collect and submit data on vaccine uptake for **front line Health Care Workers and frontline Social Care Workers only** to the PHA by agreed time scales.

26. Trusts should refer to the PHA "*2020/21 Trust guidance on data collection of vaccine uptake in frontline HSCWs"* as above. It is the responsibility of Trusts to ensure that data is collected in accordance with this guidance and submitted to the PHA within the agreed time scales.

27. The PHA will collect vaccine figures monthly and submit to the DoH. These are the official figures and used for comparisons across UK. Trusts therefore must report their figures throughout the season by the agreed timeframes.

Non-Trust HSCW Flu Vaccine Programmes

Private Nursing and Residential Care Home Staff

28. RQIA should ensure that all employers of Independent Sector Care Home are aware that they have an obligation to ensure their staff working as a frontline HSCWs are offered the flu vaccine in order to protect themselves, their families and their patients / clients.

29. Additional vaccine has been secured which will allow staff in independent care homes to receive a free flu vaccination. Frontline private nursing and residential home staff can also receive the vaccine **via the Occupational Health Service** in their local Trust or through local arrangements. PHA will provide details of the available clinics nearer the time.

30. As in previous years, RQIA will raise awareness of the PHA regional communication and training resources that are available for the public and Trust HSCW programmes. Information specific to the care home setting is also available. All PHA flu resources are available, on the PHA website at the following link: pha.site/seasonal-influenza

31. For 2020/21, RQIA will support Independent Sector Care Homes to collect and submit data on vaccine uptake of **frontline HCWs and SCWs** to the PHA in accordance with PHA "*2020/21 Care Home guidance on data collection of vaccine uptake in frontline HSCWs*.

Community Pharmacists and Staff Involved In Supplying Medication

32. Community Pharmacists and those staff involved in supplying medicines will also be able to receive the vaccine via the Occupational Health Service in their local Trust. PHA will provide details of the available clinics when available.

Annex 5

DETAILS OF HOW TO ORDER VACCINE

1. As with last year the Public Health Agency has authorised the implementation and use of the Movianto N.I. web-based Vaccine Ordering System for all GP Practices in Northern Ireland.

2. The web-based system is available to all GP Practices and will facilitate simple and accurate ordering of all centrally procured seasonal influenza vaccines for the forthcoming 2020/21 immunisation campaign. As well as being the most efficient way to order vaccines, the system will increasingly be used to provide information and reports on vaccine ordering.

   ONLY GP Practice orders received via the web-based Movianto N.I. Vaccine Ordering System will be processed and delivered.

   In the first instance until notification is received that Quadrivalent Influenza Vaccine (egg grown) (QIVe) has been added to the web based system orders for QIVe will be the exception (see para 9 below).

   Please do not attempt to place orders for seasonal influenza vaccines and/or shingles vaccine (Zostavax®) in any other way.

   Trust hospital pharmacies should continue to place orders via their pharmacy computer systems

3. GPs and hospital pharmacies must only order sufficient vaccines to meet their weekly needs and only the quantity that they have sufficient refrigerated capacity to store (Note- Storage Conditions: 2 to 8°C refrigerated storage / Protect from light / Do not freeze).

   Practices are reminded that it is important that <u>orders are made in line with anticipated need and that wastage is kept to an absolute minimum</u>.

4. Update-to-date communications about flu vaccine deliveries and stock will be placed on the web-based Movianto system, so please check the website regularly.

5. **How to Order**

   Orders for seasonal influenza vaccines and the Shingles vaccine (Zostavax®) must be placed **only** with Movianto N. Ireland

   Movianto N. Ireland
   Sandyknowes Business Park
   605 Antrim Road
   Belfast, BT36 4RY
   Tel: 028 9079 5799

   Opening hours: 8.30am to 5.00pm (Monday to Friday)

6. **How can I access the web-based Movianto N.I. Vaccine Ordering System?**

   The Movianto N.I. vaccine ordering system is a secure website. This protects the data held on it from unauthorised access.

   All GP practices must confirm or update their details on the current system prior to being permitted to order vaccines for the 2020/21 campaign. GP practices must complete this by 21 August 2020. To do this they should login in the usual manner, on the link below, and follow the online instructions.

   GP practices will be able to place their initial orders for injectable seasonal influenza vaccines from w/c 17 August 2020, once they have re-registered.

   For details about how to register please go to:
   https://orders.ni.movianto.com/csp/age/Portal.GUI.Login.cls

7. **What help will be available to GP practices in using the Movianto N.I. web-based vaccine ordering system?**

   The Movianto N.I. web-based system has been designed to be user-friendly and user manuals via the website will be made available to all GP Practices. Help is also available through a dedicated email address info.ni@movianto.com or by calling 028 9079 5799.

8. All GP practices must ensure that **all stocks** of last year's supplies of Influenza Vaccine 2019/20 are removed and destroyed (according to disposal

policy) **prior** to placing your initial order as they are now all date expired and it is essential they are not mixed with this year's vaccine supply.

GPs should check expiry date of Shingles vaccine and may continue to use shingles vaccine received during 2019/20 campaign providing it is still in date at the time of administration.

9. **Initial Orders**

   Initial orders for your first delivery of aTIV and QIVc influenza vaccines 2020/21 and/or 2020/21 shingles vaccine for all age groups can be placed with **Movianto N. Ireland from w/c 24 August 2020.**

   Initial orders for your first delivery of Fluenz Tetra® vaccines for pre-school (aged 2-4 years) children in at risk groups who will not receive the vaccine via school health teams, can be placed with **Movianto N. Ireland from mid September 2020**

   Orders for QIVe (i.e. children under 9 years of age who either cannot receive the LAIV for medical reasons (2 to 9 year olds) or are too young to receive the LAIV vaccine (6months to 2 year olds) can **NOT** be placed on the web-based ordering system. **GPs should phone Movianto to place this order as it will require further assessment before approval.**

   Please note initial delivery dates will be confirmed at a later date (once stocks of seasonal flu vaccine 2020/21 have been received into Northern Ireland).

10. GPs and hospital pharmacies must only order sufficient to meet their weekly needs and only the quantity that they have sufficient refrigerated capacity to store. (Note – Storage Conditions: 2 to 8 °C refrigerated storage/ Protect from light/ Do not freeze).

References

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