

## From the Chief Medical Officer

Dr Michael McBride



Department of  
**Health**

An Roinn Sláinte  
Máinystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## HSS(MD) 20/2019

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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Your Ref:  
Our Ref: HSS(MD) 20/2019  
Date: 20 August 2019

Dear Colleague

## SEASONAL INFLUENZA VACCINATION PROGRAMME 2019/20

### 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

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

The RQIA will advise all Independent Sector Care Homes to actively encourage their staff to receive the flu vaccine or attend a Trust OHS clinic to be vaccinated

## Introduction

1. The purpose of this letter is to provide information about the annual seasonal influenza vaccination programme for 2019/20. 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).
2. Eligible groups of the flu vaccination programme are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include: older people, those with certain underlying medical conditions, pregnant women, all 2-4 year olds and primary school children and frontline health and social care workers.
3. The vaccination programme will officially begin on 1 October 2019 and run until the 31 March 2020. However, those administering the vaccine can begin offering the vaccine once 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 in Northern Ireland in 2019/20 for the adult programme should be delivered as scheduled.** The same volume of the vaccine offered to children, Fluenz Tetra®, is expected as normal but initial deliveries will be less frontloaded compared to previous years. Further details will follow in due course.
4. 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.**
5. For ease of use, the information is set out in the attached annexes as follows:
  - Annex 1 –Flu Vaccines available in 2019/20 (pages 7 to 13)
  - Annex 2 - Public Vaccination Programmes 2019/20 (pages 14 to 21)
  - Annex 3 – Clinical risk groups 2019/20 (pages 22 to 23)
  - Annex 4– HSCWs Vaccination Programme 2019/20 (pages 24 to 29)
  - Annex 5 – Details of how to order vaccine (pages 30 to 32)
6. The following are important points to note:

### Flu vaccines available in 2019/20

- As per the arrangements last year, there are several **different vaccines** recommended for those aged 6 months – 2 years, 2-17 years, 18- 64 years and over 65 years
- An **adjuvanted Trivalent Inactivated Vaccine (aTIV)** will be available for **those aged 65 years and over.** 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 14-16)
- A **Quadrivalent Inactivated Vaccine (egg-based) (QIVe)** will be available for **those aged 6 months to under two years of age** and **those aged 18 to 64 years of age in an at risk group.** This reflects current JCVI advice and Green Book guidance. (See Annex 1 paras 17-18)

- A **Live Attenuated Influenza Vaccine** (LAIV) (Fluenz Tetra®) will 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 Annex 1 paras 19-29).
- This year a **Quadrivalent Inactivated Vaccine** (cell-based) (QIVc) will be available for those with **severe egg allergy** i.e. those who have previously suffered anaphylaxis requiring intensive care admission. (See Annex 1 paras 35-38).

### **Children's vaccination programme**

- All pre-school children aged two years or more on the 1 September 2019 (D.O.B range **02/07/15 – 01/09/17**) should be offered vaccination **by their GP**.
- **GPs should actively call and recall these children for vaccination as early as possible**, once they have received delivery of the Fluenz Tetra® vaccine. We would urge that an increased effort is given to the vaccination of preschool children as uptake is not as high as in schools (See Annex 2 paras 2-3).
- **GPs should also actively call and recall** children in post primary school in a clinical risk group. 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 4-5).
- All children (**including those in a clinical risk group**) attending a primary school or special school (P1 to P7 inclusive) from the 1 September 2019 should be offered vaccination by a **school health team**. (See Annex 2 para 6).

### **Adult's vaccination programme**

- **Flu causes significant morbidity and mortality in adults with chronic medical conditions - GPs should call all eligible 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**

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

## Vaccine supply and ordering

7. All GP practices must confirm or update their details on the current Movianto ordering system prior to being permitted to order vaccines for the 2019/20 campaign. GP practices must complete this **by 28 August 2019**.
8. 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 19-August**. Deliveries are expected to be made to practices from mid to late September.
9. UK wide procurement is carried out for Fluenz Tetra® vaccine and the Northern Ireland allocation remains the same as previous years, although deliveries will be less frontloaded. 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 1 October**. Initial deliveries are expected to be made to practices from early to mid-October. Trust schools teams should place orders for the school programmes as normal. The details of how to order are attached at Annex 5.
10. All vaccinators, in GP Practices or Trusts, are reminded of the importance of **not over ordering**. Ordering should be tailored to uptake. Orders can normally be fulfilled by the next working day provided the order has been placed before the cut-off time.

## Shingles vaccine supply

11. The shingles vaccination programme for 2019/20 will also officially commence in October 2019. Details of this year's programme were announced in HSS (MD)10/2019 dated 29 May 2019 (see attached link – [https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-10-2019\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-10-2019_0.pdf)).
12. 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.
13. **Please note** some shingles stock has an expiry date of **30 November and 31 December 2019**. GPs should ensure they only order enough vaccine to meet their weekly needs.
14. 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 that didn't receive it during the flu season period for whatever reason.

## Conclusion

15. The 2018/19 flu season was a relatively mild season and once again Northern Ireland delivered a very successful seasonal flu vaccination programme despite the additional work caused by the staggered delivery of the adjuvanted vaccine aimed at those aged 65 years and over. We would like to thank everyone involved in the vaccination programme for their hard work and dedication.

16. Morbidity and mortality attributed to flu is a key factor in HSC winter pressures and a major cause of harm to individuals, especially vulnerable people. **The annual flu immunisation programme helps to reduce GP consultations, unplanned hospital admissions, pressure on Emergency Departments as well as staff sickness** and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter.
17. Looking ahead we fully expect the HSC organisations and GPs to respond to whatever challenges will be presented during the winter of 2019/20, and to build on past experiences in order to continue to deliver a high quality service to protect the health of the people of Northern Ireland.

Yours sincerely





**Dr Michael McBride**  
Chief Medical Officer

**Professor Charlotte McArdle**  
Chief Nursing Officer

**pp Mr Chris Garland**  
Senior Principal  
Pharmaceutical Officer  
**Cathy Harrison**  
Acting Chief Pharmaceutical  
Officer

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>

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
 Assistant Director Public Health (Health Protection), Public Health Agency  
 Director of Nursing, Public Health Agency  
 Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)  
 Directors of Pharmacy HSC Trusts  
 Director of Social Care and Children, HSCB  
 Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)  
 Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)  
 Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)  
 Directors of Children's Services, HSC Trusts  
 RQIA (*for onward transmission to all independent providers including independent hospitals*)

Medicines Management Pharmacists, HSC Board (for cascade to prescribing advisers and practice based pharmacists)  
Regional Medicines Information Service, Belfast HSC Trust  
Regional Pharmaceutical Procurement Service, Northern HSC Trust  
Donna Fitzsimons, Head of School of Nursing and Midwifery QUB  
Sopnja McIlpatrick, Head of School of Nursing, University of Ulster  
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Donna Gallagher, Open University  
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU  
Professor Carmel Hughes, Head of School, School of Pharmacy, QUB  
Professor Colin Adair, Director of the NI Centre for Pharmacy Learning and Development, QUB

## 2019/20 AVAILABLE FLU VACCINES FOR PUBLIC AND HSCW PROGRAMMES

1. As with last year, several different flu vaccines are available, depending on the age of the individual.
2. All vaccines, except the Fluenz Tetra® vaccine, have been centrally procured and purchased for use in Northern Ireland by the PHA following a tender process (see table 1 below). Fluenz Tetra vaccine is procured centrally on behalf of the UK by PHE. None of the influenza vaccines for the 2019/20 season contain thiomersal as an added preservative.
3. The **adjuvanted Trivalent Inactivated Vaccine** (aTIV) (Fluad®) will again be available and should be offered to all those aged 65 years and over (para 39 for more information). **Fluad® is only licensed for those aged 65 years and over.**
4. The aTIV vaccine, Fluad® is **NOT** suitable for egg or latex allergic people. In these instances the egg-based (QIVe) or cell-based (QIVc) Quadrivalent Inactivated Vaccines can be given as appropriate (see egg allergic section paras 34 to 37).
5. An **egg-based Quadrivalent Inactivated Vaccine** (QIVe) will again be available and should be offered to those aged 6 months to under 2 years of age and to those aged 18 to 64 years of age in a 'clinical at risk' group. QIVe should be offered to all HSCWs over 18 years of age; **this includes HSCWs that are over 65 years.** (Annex 4 paras 11-12 for more information).
6. 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).
7. A small amount of a **cell-based Quadrivalent Inactivated Vaccine** (QIVc) will also be available this year and should only be offered to individuals aged 9 years and over who have previously had a **severe** anaphylaxis reaction to egg or an egg based product i.e. required an Intensive Care admission (see egg allergic section paras 34-37).
8. It is anticipated that initial seasonal flu vaccine supplies will arrive in Northern Ireland during September 2019. This should permit GPs and Trusts to schedule clinics once they have received their first delivery of vaccine in late September/ early October. PHA will inform GPs when deliveries of flu vaccines will commence once stocks have arrived in Northern Ireland.

**Table 1: Influenza Vaccines available for 2019-20 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 S.r.l., Via Fiorentina 1, 53100 Siena, Italy	Adjuvanted Trivalent Influenza Vaccine (aTIV)	<b>Fluad®</b>	Surface antigen, inactivated Adjuvanted with MF59C.1	Intramuscular injection	65 years and over	<b>All 65 years and over (GP campaign)</b>	No	No
LimitedSanofi Pasteur Europe 14 Espace Henry Vallée 69007 Lyon FRANCE	Quadrivalent Influenza Vaccine (egg grown) (QIVe)	<b>Quadrivalent influenza vaccine</b>	Split virion, inactivated virus	Intramuscular injection	From 6 months	<b>All 6 month -2 year olds (GP campaign) 18- 64 years in at risk group (GP campaign) All 18 years and over (HSCW campaign)</b>	Yes (other than history of anaphylaxis which required intensive care)	Yes
AstraZeneca AB SE-151 85 Södertälje Sweden	Live Attenuated Influenza Vaccine (LAIV)	<b>Fluenz Tetra®</b>	Live Attenuated	Nasal spray	From 24 months to less than 18 years old	<b>All 2- 4 year olds (GP campaign) All primary school children (schools campaign) 11- 17 year olds in at risk groups (GP campaign)</b>	Yes	No
Seqirus Netherlands B.V. Hullenbergweg 89 1101CL Amsterdam Netherlands	Quadrivalent Influenza Vaccine (cell grown) (QIVc)	<b>Flucelvax® Tetra</b>	Surface antigen, inactivated prepared in cell cultures	Intramuscular injection	From 9 years	<b>Individual with severe anaphylaxis (requiring intensive care admission) from egg / egg based product (anyone requiring this should contact their GP)</b>	Yes – egg free	No

## 2019/20 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 begins 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 vaccines for use in the 2019-2020 northern hemisphere influenza season should contain the following:
  - an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
  - an A/Kansas/14/2017 (H3N2)-like virus; \*
  - a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
  - B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

\*The A(H3N2) component was recommended on 21 March 2019.

11. It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019-2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

## 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. End-of-season VE for 2018/19 was 44.3% overall against all laboratory-confirmed flu. Overall effectiveness is estimated at between 30-60% for adults aged 18 to 65 years for flu infection in primary care.
13. 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. Encouragingly, 2018/19 end of season results shows evidence of significant effectiveness of the newly introduced aTIV, in particular against influenza A(H1N1)pdm09, in those over 65 years of age.

## Adjuvanted Trivalent Inactivated influenza Vaccine (aTIV)

14. The adjuvanted Trivalent Inactivated Vaccine (aTIV), (Fluad®) was licensed in 2017 and is available for use again this season
15. JCVI concluded at its October 2017 meeting that 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. JCVI agreed that aTIV would be considered the optimal clinical choice for all patients aged 65 years and over.

16. The JCVI specifically considered that the use of aTIV should be a priority for those aged 75 years and over, given that the non-adjuvanted inactivated vaccine has showed no significant effectiveness in this group over recent seasons.

### **Quadrivalent Inactivated Influenza Vaccine (QIVe)**

17. 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.

18. 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®**

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

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

21. While the long term effectiveness of the 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 exists.

22. 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;

23. 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. The live attenuated vaccine can be given at the same time as other vaccines including live vaccines.

24. 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 except those with contraindications (see below).**

25. 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).

26. 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).

27. 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.

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

29. **It is highly likely that most of the Fluenz Tetra® supplied will have expired before the end of January 2020. 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**

30. **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).

31. **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.

32. **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;
- or who are currently taking or have been prescribed high dose oral steroids in the last 14 days;

33. The advice in contraindications and precautions sections in the Green Book influenza chapter should be referred to.

### Egg allergy

34. 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 centrally procured, (Inactivated egg-grown Quadrivalent Influenza Vaccine (QIVe) from Sanofi Pasteur t/a Aventis Pharma), for use in Northern Ireland has an ovalbumin content of < 0.12 micrograms/ml, and can be used for most egg allergic patients.

**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 6.1 or to any component that may be present as traces such as eggs (ovalbumin, chicken, proteins), neomycin, formaldehyde and octxinol-9”*

35. For anyone aged 9 years of age or older who has had **confirmed anaphylaxis to egg (requiring intensive care)** there is a small quantity of a cell-grown Quadrivalent

Influenza Vaccine (QIVc), Flucelvax® Tetra from Seqirus UK Limited available.

36. The adjuvanted influenza vaccine (aTIV), Fluad®, 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 (if their allergy did not result in anaphylaxis that required intensive care).
37. Fluenz Tetra®, which has an upper ovalbumin limit of 1.2 micrograms/ml, has also been shown (JCVI, 2015) to be safe for use in most egg allergic children, unless they have had anaphylaxis that required an intensive care admission / the vaccine is contra-indicated for other reasons. All other egg allergic individuals without other contraindications, can be given inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml as a single dose (two doses in the case of children aged under 9 years that have not been previously vaccinated) in primary care.
38. Facilities should be available and staff trained to recognise and treat anaphylaxis (as is the case when any vaccines are given).

## PUBLIC (CHILDREN AND ADULTS) VACCINATION PROGRAMME DETAILS 2019/20

### Individuals eligible for 2019/20 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 2019 i.e. children with date of birth range: **2 July 2015 to 1 September 2017**
  - b. children in a clinical risk group who are **NOT** in primary school i.e. children with date of birth range: **2 July 2008 to 1 July 2001**
3. Only pre-school children who are two years old or more on the 1 September 2019 should be actively called for vaccination. However, if a child turns two years during the vaccination period i.e. from September to December 2019 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. **Post-primary school aged children in 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 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** or a special school (P1 to P7 inclusive) from the 1 September 2019. This means GP practices **do not** need to actively call at risk children with date of birth range: 2 July 2008 to 1 July 2015.

7. However, as school health teams have to visit a considerable number of primary schools in a short space of time they are unable to provide a mop-up service for children who miss the vaccination in school for any reason. Therefore if a child is absent from school 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 primary school children born between 2 July 2008 and 1 July 2015.
9. In 2018/19, the uptake rate achieved in pre-school children was only 47.6%, which is a slight decline since 54.4% in 2014/15 (the first year of vaccinating this age group). A key objective of the children's programme is to maximise reduction of flu transmission, in addition to providing individual direct protection. With this in mind, GPs are responsible for **actively calling** 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. 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.<sup>1,2</sup> In addition, there is evidence that flu during pregnancy may be associated with premature birth and smaller birth size and weight<sup>3,4</sup> and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy<sup>5</sup>. 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.<sup>6,7,8,9</sup>
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<sup>10</sup>.
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](http://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.);

- 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 2019-20, 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 i.e. those born between **02/07/2008** to **01/07/2015**, 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](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 at the following link: . The PHA has developed posters and fridge magnets on preventing cold chain incidents and these will be distributed to GP Practices during August 2019.
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 report the incident to their 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. At the end of this season's influenza programme, to inform the arrangements for next year, the PHA **will carry out an audit of the number of vaccines delivered to practices and the number recorded as used**. 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 2019, 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. This year, the PHA is producing an animated video to highlight the importance of the flu vaccine and encourage uptake. This will be shared through the PHA's communication channels and will be available on request for use in healthcare facilities.
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: [www.pha.site/Flu19-20](http://www.pha.site/Flu19-20)
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.

### **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 (see <https://www.gov.uk/government/publications/health-protection-report-volume-13-2019/hpr-volume-13-issue-14-news-26-and-29-april>)
39. As the flu vaccines offered are relatively new and differ depending on the age groups, it is more important than ever that everyone involved in the programme is appropriately trained. This will allow them to discuss the new 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](http://pha.site/seasonal-influenza):
- Seasonal flu vaccination programme training video
  - Influenza factsheet
  - E-learning for health care
  - 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. For those most at risk from flu, vaccine uptake ambitions have been set for 2019/20 and are the same as previous years. The ambition for eligible adults is set at a minimum of 75% uptake rate in line with WHO recommendations.

Eligible groups	Uptake ambition
Aged 65 years and over	75%
Aged under 65 years 'at clinical risk'	75%
Pregnant women	60%
Pre-school children aged two years or over	60%
Primary school aged children	75%

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.

## CLINICAL RISK GROUPS 2019/20

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

Eligible groups	Further detail
<b>All children aged two years of age and over, not yet at primary school</b>	All those aged two years and over, not yet at primary school on 1 September 2019. (i.e. <b>DOB 2 July 2015 to 1 September 2017</b> ) should be invited for vaccination by their general practice.
<b>All children attending primary school</b>	All children attending P1 to P7 in primary school ( <b>DOB. 2 July 2008 to 1 July 2015.</b> ) will be offered the vaccine in school.  Any who miss it in school should be given it <i>on request</i> by their practice.
<b>All patients aged 65 years and over</b>	“Sixty-five and over” is defined as those 65 and over on 31 March 2020 (i.e. born on or before 31 March 1955).
<b>Chronic respiratory disease</b> aged six months or older <b>(See contraindications and precautions section on live attenuated influenza vaccine)</b>	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.
<b>Chronic heart disease</b> 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.
<b>Chronic kidney disease</b> aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
<b>Chronic liver disease</b> aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis
<b>Chronic neurological disease</b>	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
<b>Diabetes</b> aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
<b>Immunosuppression</b> (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.
<b>Asplenia or dysfunction of the spleen</b>	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
<b>Pregnant women</b> (see contraindications and precautions section on live attenuated influenza vaccine)	Pregnant women at any stage of pregnancy (first, second or third trimesters).
<b>Morbid obesity (class III obesity)*</b>	Adults over 16 years of age with a Body mass Index $\geq 40\text{kg/m}^2$

\* 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.

# VACCINATION PROGRAMME 2019/20 FOR FRONTLINE HEALTH AND SOCIAL CARE WORKERS

## 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.**
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<sup>14,15,16,17</sup>. 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 2018/19 end of season uptake rate for HSCWs was **35.4%**, which, whilst an improvement compared to 2017/18 (33.4%) still did not meet the 40% target set by DoH. Encouragingly, the number of vaccines administered across Trusts increased (18,085) compared to the previous season (16,535). There was, however, substantial variation in the uptake achieved between Trusts, ranging from 29.4% to 50.8%. The overall uptake achieved for only Trust frontline Health Care Workers (HCWs) was **39.5%**, while for only Trust frontline Social Care Workers (SCWs) the overall uptake rate was **22.5%**
  8. While the modest increase in HSCW uptake and overall numbers vaccinated is a very welcome improvement, it is **still much too low**. In England, **70%** uptake was achieved for frontline HCWs during 2018/19, with 120 out of 227 English Trusts achieving 75% or more. 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.
  9. Last year, the PHA piloted monitoring of flu vaccine uptake within Independent Sector Care Homes. Of the sample of Care Homes monitored (10%), overall uptake rate amongst their HSCWs was only 22%. With this in mind, RQIA should actively encourage Care Homes to offer flu vaccine to their staff and consider inclusion in wider care home policies.

### **Vaccine Uptake Targets**

10. 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. However it is recognised that it is more difficult to improve uptake rates for front line Social Care Workers due to their spread in the community (22.5% compared to 39.5% for HCWs), therefore the target has been split this year as set out below:

Staff Grouping	Target
Trust frontline Health Care Workers	≥ 50%
Trust frontline Social Care Workers	≥ 40%

## 2019/20 Influenza Vaccines recommended for HSCWs

11. As with last year, the **egg-based Quadrivalent Inactivated Vaccine (QIVe)** will be available and is recommended for **ALL** HSCWs aged 18 years and over (para 40 for more information).
12. It is acceptable to offer QIVe to the small number of HSCWs that are over 65 years of age, to ensure high coverage and to offer protection against a broader range of strains. The rationale is that most HSCWs are likely to be under 75 years of age and relatively healthy, and therefore will probably also derive individual benefit from the QIV. This does not require individual consent to offer the QIVe instead of the aTIV but can be handled by general literature (posters/ leaflets/ website). Those over 65 years may choose to avail of the aTIV vaccine when offered by their GP.

## Contractual Arrangements for all employers

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

## Trust HSCW Campaigns

15. 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.
16. 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
17. For the two previous years, the PHA commissioned NHS Employers to deliver the Flu-fighter® Campaign to HSC Trusts. This year, PHA will be offering elements of this campaign themselves and Trusts have a responsibility to ensure that their flu teams fully engage with the regional campaign to ensure sharing of good practice.
  18. This year, the PHA will work with Trust Flu Leads to develop regional communication material to ensure all staff are aware of how they can receive the vaccine, including the development of a regional video which will be available on the PHA website, flu page, before the season starts.

## Consent

19. **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.
20. 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144250/Green-Book-Chapter-2-Consent-PDF-77K.pdf)

## Training Materials

21. 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 [www.publichealth.hscni.net/directorate-public-health/health-protection/influenza](http://www.publichealth.hscni.net/directorate-public-health/health-protection/influenza):
  - Seasonal flu vaccination programme training video;
  - Influenza immunisation programme 2019/20 factsheet for health professionals;
  - E-learning for Healthcare;
  - Frontline HSCW 2019/20 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

22. 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**

23. 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.
24. Trusts should refer to the PHA “*2019/20 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.
25. 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**

26. 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.
27. Frontline private nursing and residential home staff can also receive the vaccine **via the Occupational Health Service** in their local Trust. PHA will provide details of the available clinics nearer the time.
28. RQIA will issue PHA training materials to Care Homes, which includes information specifically on flu in this setting [www.publichealth.hscni.net/directorate-public-health/health-protection/influenza](http://www.publichealth.hscni.net/directorate-public-health/health-protection/influenza)
29. For 2019/20, 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 “*2019/20 Care Home guidance on data collection of vaccine uptake in frontline HSCWs*”.

## **Community Pharmacists and Staff Involved In Supplying Medication**

30. 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 nearer the time.

## 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 2019/20 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.**

**The exception to this are orders for Flucelvax Tetra (QIVc) which cannot be made on the web-based ordering system (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 orders are made in line with anticipated need and that wastage is kept to an absolute minimum.**

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 2019/2020 campaign. GP practices must complete this by 28 August 2019. 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 19 August 2019, 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](mailto: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 2018/19 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 2018/2019 campaign providing it is still in date at the time of administration.**

## 9. Initial Orders

Initial orders for your first delivery of aTIV and QIVe influenza vaccines 2019/20 and/or 2019/20 shingles vaccine for all age groups can be placed with **Movianto N. Ireland from w/c 19 August 2019.**

Initial orders for your first delivery of Fluenz Tetra<sup>®</sup> vaccines for pre-school (aged 2-4 years) and post-primary school children in at risk groups can be placed with **Movianto N. Ireland from 1<sup>st</sup> October 2019.**

Orders for QIVc can **NOT** be placed on the web-based ordering system. Only individuals that have had a severe anaphylaxis to egg or egg-based product requiring admission to ICU are eligible for this vaccine, as outlined in the Green Book. **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 2019/20 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).

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