

**From the Chief Medical Officer  
Professor Sir Michael McBride**



**HSS(MD) 43/2023**

**BY EMAIL**

Chief Executives, Public Health Agency/SPPG/HSC Trusts/  
NIAS  
GP Medical Advisers, All General Practitioners and GP Locums  
*(for onward distribution to practice staff)*  
OOHs Medical Managers *(for onward distribution to staff)*  
RQIA (for onward circulation to independent sector  
*health and social care providers*)

Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SQ

Tel: 028 9052 0563  
Email: [Michael.McBride@health-ni.gov.uk](mailto:Michael.McBride@health-ni.gov.uk)

Our Ref: HSS(MD) 43/2023  
Date: 5 September 2023

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**SEASONAL INFLUENZA VACCINATION PROGRAMME 2023/24**

**ACTION REQUIRED**

**Public Flu Vaccination Programme**

Chief Executives must ensure this information is drawn to the attention of all staff involved in the seasonal influenza 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 Strategic Planning and Performance Group (SPPG) must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the seasonal flu vaccination programme.

The Regulation and Quality Improvement Authority (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 and ensure adequate access to receipt of the vaccine is provided.

The RQIA should actively encourage all Independent Sector Care Home staff to receive the flu vaccine.

## Introduction

1. Last year saw the successful delivery of an extended influenza (flu) vaccination programme in Northern Ireland to over 568,000 eligible individuals. During these challenging times we experienced a rise in flu activity for the first time in three seasons. We would like to extend our thanks to all those involved for your hard work which led to some of the best flu vaccine uptake rates ever achieved with more people vaccinated than ever before.
2. Despite the additional pressures, vaccination uptake rates in the 65 years and over cohort reached a record high, reaching 83% last season and significantly more than the World Health Organization's target ambition of 75% uptake. This key objective was only accomplished because of your immense professionalism, commitment, and hard work.
3. Whilst the record uptake rate in the age 65 and over cohort is to be commended, we would urge you to repeat this commitment and resolve in 2023/24 with the goal of increasing uptake rates across all eligible cohorts, particularly prioritising pre-school children. We would also urge increased efforts to vaccinate those in at-risk groups, secondary school children, pregnant women, and frontline HSCWs, where uptake has been disappointing during 2022/23.
4. You will be aware that UKHSA have recommended that the COVID-19 vaccination programme be brought forward and as a result the COVID-19 (and Influenza programmes) will start **from the 18 September 2023 with the aim of vaccinating as many eligible individuals by 31 October as possible**. For operational simplicity, co-administration with COVID-19 vaccination for those eligible for both vaccinations is encouraged.
5. All flu vaccinations should be recorded on the appropriate system:
  - **Vaccine Management System (VMS)**  
All adult flu vaccinations; and  
Children's flu vaccinations not administered as part of the school's programme.
  - **NI Child Health System**  
All flu vaccinations administered as part of the schools' programme (administered by the School Health teams).
6. In a complex, multi-provider programme it is clinically important that vaccine status is visible to all providers. It is therefore important for prompt data input, particularly to VMS.

## Eligibility

7. Eligible cohorts for flu vaccination are based on the advice of the Joint Committee on Vaccinations and Immunisations (JCVI). The programme aims to provide

protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission to all age groups through the vaccination of children.

8. This letter provides information on the 2023/24 flu programme. Those eligible for HSC flu vaccine in 2023/24 are:
  - all preschool children aged two to four years on 1 September 2023
  - all primary and secondary (up to and including year 12) school children
  - those aged six months to under 65 years in clinical risk groups (as defined by the influenza chapter in '[Immunisation against infectious disease](#)' (the 'Green Book'))
  - all those aged 65 years and over on 31 March 2024
  - pregnant women
  - those in long-stay residential care homes
  - carers
  - close contacts of immunocompromised individuals
  - frontline<sup>1</sup> health and social care workers (HSCWs) employed by:
    - Health and social care Trusts including Northern Ireland Ambulance Service (NIAS)
    - community HSC providers including GP practices, pharmacies, dentists, optometrists
    - registered independent sector residential care or nursing home
    - registered domiciliary care providers
    - voluntary managed hospice providers
9. **Please note in 2023/24 all healthy 50-64 year olds will NOT be eligible for the flu vaccine – only those aged under 65 years of age who fall into one of the groups mentioned above.**
10. Please see Annex 6 for the delivery model for the eligible cohorts. Information relating to the various parts of the programme are set out in the attached annexes as follows:
  - Annex 1 – Vaccines available
  - Annex 2 – Funding, ordering, training and consent
  - Annex 3 - Clinical risk groups
  - Annex 4 – Health and Social Care Workers
  - Annex 5 – How to order vaccine
  - Annex 6 – Vaccine delivery model

### Flu vaccines for 2023/24

11. Each year the World Health Organization (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they circulate around the world. This monitoring is continuous and allows experts to make predictions on which strains are most likely to cause flu outbreaks in the northern hemisphere in the coming winter.

---

<sup>1</sup> Chapter 14a of the Green Book provides information on what groups can be considered as directly involved in delivering care and is available at: [Green Book: Chapter 14a COVID-19](#).

12. For information on the WHO recommended quadrivalent vaccines for use in the 2023/24 influenza season in the northern hemisphere see: <https://www.who.int/publications/m/item/recommended-composition-of-influenzavirus-vaccines-for-use-in-the-2023-2024-northern-hemisphere-influenza-season>.
13. The flu vaccines that have been procured by the PHA for the forthcoming flu season are in line with the recommendations of the JCVI and are as follows:

Eligible Group	Vaccine – JCVI recommended
Individuals aged <b>65 and over</b>	aQIV - Adjuvanted quadrivalent inactivated influenza vaccine
Individuals aged <b>18-64 years</b> with 'at-risk' conditions including pregnant women	QIVc - Quadrivalent influenza cell-culture vaccine
Carers and close contacts aged <b>18-64</b>	QIVc - Quadrivalent influenza cell-culture vaccine
Frontline health and social care workers	QIVc – Quadrivalent influenza cell-culture vaccine
Children aged <b>two years up to less than 18 years</b> , <u>except where medically contraindicated or otherwise unsuitable</u>	LAIV - live attenuated influenza vaccine
Children <b>aged two years and over</b> if contraindicated to LAIV	QIVc - Quadrivalent influenza cell-culture vaccine
Children in clinical risk groups aged <b>6 months to less than 2 years</b>	QIVc - Quadrivalent influenza cell-culture vaccine <sup>2</sup>

- None of the influenza vaccines contain thiomersal as an added preservative.
- Some influenza vaccines are restricted for use in particular age groups. The advice and contraindications and precautions sections in the Green Book influenza chapter and in the relevant Summary of Product Characteristics should be referred to.

### Children's vaccination programme

14. For 2023/24 the school-based vaccination programme will again include **all young people in academic years 8 to 12** of secondary school i.e. those born between 2 July 2007 and 1 July 2012.
15. School Health teams **should actively promote the offer** of flu vaccine to **all children (including those in a clinical risk group) attending primary school, special school and in years 8-12 of secondary school** during the 2023/24 academic year i.e., those born between 2 July 2007 to 1 July 2019.

<sup>2</sup> This is an off-label recommendation which is supported by unpublished data which shows non inferiority immunogenicity and a very similar safety profile for QIVc compared with QIVe in children less than two years old.

16. School teams should prioritise special schools for early vaccinations. Children in a clinical risk group that attend a mainstream school should receive their vaccine through the normal school health team arrangements. However, if there is high parental anxiety about a child in one of the clinical risk groups with **higher risk of disease** and where the **school vaccine visit is scheduled later in the season** (i.e. after end of November) or if flu starts to circulate earlier than previous seasons, GPs (or their paediatrician if they attend the hospital during the early season) are asked to facilitate, where possible, earlier vaccination if requested. Please see [Chapter 19 of the Green Book, table 19.1](#), for relative risk rates of clinical risk groups in flu.
17. GPs should prioritise and actively identify and inform parents/guardians of the offer of flu vaccine to **all pre-school children** aged two years or more on the 1 September 2023 i.e., those born between 2 July 2019 and 1 September 2021, **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 pre-school children to ensure falling uptake is addressed and improved.
18. If a child turns two years old during the vaccination period i.e. from September to December 2023 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 licence. GPs can claim the normal Item of Service (IoS) fee for these patients.
19. Should a child miss their offer of a vaccine in school (for whatever reason), GPs should offer flu vaccine to children registered in their practice, if they request vaccination before the end of December 2023.
20. In a change to previous years' arrangements, GPs **should actively identify, inform and vaccinate** any young people aged 16 and 17 years of age who are in a clinical risk group and who are born before 2 July 2007 with flu and COVID-19 vaccines. This includes young people from 16 years of age with morbid obesity. Children and young people with chronic neurological disease should be prioritised.
21. Children in at-risk groups for whom LAIV is unsuitable, and healthy children whose parents object to LAIV on the grounds of its porcine gelatine content, should be offered the injectable Quadrivalent influenza cell-culture vaccine (QIVc) if aged 2 years to less than 18 years. As QIVc will not be available from school nursing teams GPs should facilitate this on request.
22. Children aged 6 months to less than 2 years should also be offered the Quadrivalent influenza cell-culture vaccine (QIVc). This is an off-label recommendation by JCVI which is supported by JCVI in line with unpublished data which shows noninferiority of immunogenicity and a very similar safety profile for QIVc compared with QIVe in children less than 2 years old. Please refer to Chapter 19 of the [Green Book](#) for further information.

### **Adults' vaccination programme**

23. Flu causes significant morbidity and mortality in adults with chronic medical conditions. The benefits of influenza vaccination among all eligible groups should be communicated and vaccination made as accessible as possible. **GPs should**

**actively identify and inform all patients aged 65 and over (anyone who will be 65 years of age or over by 31 March 2024) and any eligible patients under 65 years old** of the offer of flu vaccination. Community pharmacies will also provide an additional route to vaccination for this cohort (see below).

**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.**

**Trusts, GPs and Community Pharmacies should offer the flu vaccine to all pregnant women. GPs should actively identify and inform all pregnant women** of the offer of 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 which can be co-administered with the COVID-19 vaccine, if necessary.

We would be grateful if GPs could identify their housebound patients and inform trusts by the end of September to ensure that trusts can vaccinate these patients for flu and COVID-19 before the end of October.

### **Frontline Health and Social Care Workers - including Independent Sector**

24. 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.**
25. During the 2023/24 flu programme participating community pharmacies will continue to play an important role by making the vaccine more easily available to frontline HSCWs across NI ensuring there are multiple locations and opportunities to access the vaccine.

### **Community Pharmacies**

26. In addition to providing additional opportunities for frontline HSCWs to access the flu vaccine, participating community pharmacies will also provide an additional route to access vaccination for those aged 65 and over, carers, and pregnant women.
27. Community pharmacies have built strong links with the care home sector through the successful delivery of the COVID-19 boosters and previous flu programmes to care home residents/staff, and they will again offer flu vaccination to all RQIA registered care home residents and staff.
28. Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it on the basis of age, or those eligible as pregnant women or carers, should they present in the pharmacy for any reason. They should also encourage uptake by 'at risk' groups by signposting to patients' GPs.



## Timing

29. The flu vaccination programme can officially begin from 18 September 2023. Where possible, the flu programme should be delivered in conjunction with the COVID-19 booster programme in order to ensure resources are deployed effectively and efficiently for both programmes. Please see Annex 5 for ordering and delivery details for flu vaccine. A separate HSS letter with further details on the available COVID-19 vaccines will issue shortly.
30. Vaccination should be given in sufficient time to ensure patients are protected before influenza starts circulating. If an eligible patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late influenza season or when patients newly at-risk present, such as pregnant women who may not have been pregnant at the beginning of the vaccination period.
31. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about two weeks to fully develop. 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.

## Sessional vaccinators

32. A small pool of Sessional Vaccinators who are employed by the Public Health Agency are available to support GP's and Community Pharmacy with the Covid and flu vaccination co-administration programme throughout the Autumn Booster campaign. Further information on this workforce and requests for support can be raised by contacting: [PHAVaccinesitrep@hscni.net](mailto:PHAVaccinesitrep@hscni.net)

## Vaccine uptake ambitions for 2023 to 2024

33. PHA have reported flu vaccination uptake for 2022/23 from data extracted from the Vaccine Management System (VMS): [Influenza Weekly Surveillance Bulletin, Northern Ireland, 2022/23 | HSC Public Health Agency \(hscni.net\)](#). The HSS (MD) 22/2023 letter also set out the flu uptake for 2022/23: [doh-hss-md-23-2023.pdf \(health-ni.gov.uk\)](#)
34. Whilst the record uptake rate in the age 65 and over cohort and the strong uptake in schools is to be commended, we would urge you to repeat this commitment and resolve in 2023/24 with the goal of increasing uptake rates across all eligible cohorts, **particularly pre-school and secondary school children, those in at-risk groups, pregnant women, and frontline HSCWs**, where uptake has been disappointing during 2022/23.
35. General practices and school providers should demonstrate a 100% offer this season by ensuring all eligible patients are offered the opportunity to be vaccinated by an active identify and inform mechanism, supplemented with opportunistic offers where pragmatic. The aim of the influenza programme for 2023 to 2024 is to demonstrate a 100% offer and to exceed the uptake levels of 2022 to 2023 for each cohort.

## Shingles Vaccination

36. From 1 September 2023, all **newly eligible** individuals can be offered two doses of the non-live shingles vaccine Shingrix<sup>®</sup> instead of a single dose of Zostavax<sup>®</sup>. In addition to this, the eligibility for the immunocompromised and routine cohorts will change to allow individuals to be protected at an earlier age. This is based on recommendations from the Joint Committee on Vaccination and Immunisation (JCVI). In summary:
- the eligible age for healthy individuals will change from 70 to 60 years of age for the routine cohort, in a phased implementation over a 10-year period;
  - the eligible age for immunocompromised individuals will be lowered to those 50 years and over (with no upper age limit);
  - the dosing interval will differ for immunocompromised and routine patients;
  - those cohorts previously eligible for Zostavax<sup>®</sup> (i.e. those currently aged 70-79 years of age) who are under 80 years of age, should continue to be offered Zostavax<sup>®</sup> until central stocks deplete, after which they should be offered Shingrix<sup>®</sup>.
37. HSS letter [HSS\(MD\)42/2023](#) provided more detail on the changes to the Shingles vaccination programme, including changes to funding and supply arrangements.

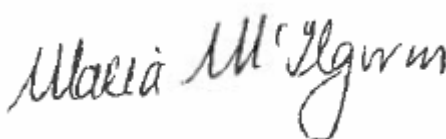
## Conclusion

38. We would like to express our sincere appreciation to all who worked hard to manage seasonal flu during the 2022/23 season. While it was a mild flu season, the HSC was still put under enormous pressure and events have now shown with the COVID-19 pandemic that it is vital that we do all we can to ensure the HSC can cope with winter pressures and unexpected events. Morbidity and mortality attributed to flu continues to be a key factor in HSC winter pressures and a major cause of harm to individuals.
39. **The annual flu immunisation programme (and COVID-19 programmes) are a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter.** Receiving 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 impact of COVID-19, as well as other seasonal viruses, this will be more important than ever.

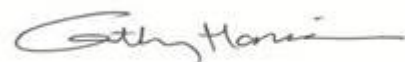
Yours sincerely



**Prof Sir Michael McBride**  
Chief Medical Officer



**Maria McIlgorm**  
Chief Nursing Officer



**Prof Cathy Harrison**  
Chief Pharmaceutical Officer



## Circulation List

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, SPPG (*for onward distribution to Community Pharmacies*)

Directors of Pharmacy HSC Trusts

Director of Social Care and Children, SPPG

Family Practitioner Service Leads, SPPG (*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*)

Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG) (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)

Regional Medicines Information Service, Belfast HSC Trust

Regional Pharmaceutical Procurement Service, Northern HSC Trust

Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB

Professor Neal Cook, Head of School of Nursing, University of Ulster

Heather Finlay, CEC

Donna Gallagher, Open University

Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU

Professor Colin McCoy, Head of School, School of Pharmacy, QUB

Professor Colin Adair, Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB

Michael Donaldson, Head of Dental Services, SPPG (*for distribution to all General Dental Practitioners*)

Raymond Curran, Head of Ophthalmic Services, SPPG (*for distribution to Community Optometrists*)

Trade Union Side

Clinical Advisory Team

Louise McMahon, Director of Integrated Care, SPPG

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>

**VACCINES AVAILABLE**

<b>Table 1: Influenza Vaccines available for 2023-24 Programme Marketing Authorisati on Holder</b>	<b>Type of flu vaccine</b>	<b>Name</b>	<b>Vaccine Type</b>	<b>Admin route</b>	<b>Age</b>	<b>Eligible Group</b>	<b>Suitable for egg allergic resulting in anaphylaxis</b>	<b>Suitable for latex allergic</b>
Seqirus UK Ltd, Netherlands B.V. Paasheuvel weg 28 1105BJ Amsterdam Netherlands	Adjuvanted quadrivalent influenza vaccine (aQIV)	<b>Fluad®Tetra</b>	Surface antigen, inactivated Adjuvanted with MF59C.1	Intramuscul ar injection	65 years and over including those becoming 65 years by 31 <sup>st</sup> March 2024) <sup>3</sup>	<b>All 65 years and over (GP &amp; CP campaign). HSCWs aged 65 and over can get aQIV from either their GP or a community pharmacy.</b>	<b>No</b>	Yes <sup>4*</sup>

<sup>3</sup> The aQIV is licensed for those aged 65 years and over. It is recommended that aQIV ▼ is offered 'off-label' to those who become 65 years of age before 31 March 2024.

<sup>4</sup> The adjuvanted Quadrivalent Inactivated Vaccine (aQIV) which should be offered to all those aged 65 years and over is NOT suitable for egg allergic people but IS suitable for latex allergic people.

aQIV vaccine is only licensed for those aged 65 years and over. The aQIV is NOT suitable for egg allergic people. In these instances the cell-based (QIVc) Quadrivalent Inactivated Vaccine can be given.

Table 1: Influenza Vaccines available for 2023-24 Programme Marketing Authorisati on Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
						Occupational Health will offer QIVc.		
Seqirus Netherlands B.V.  Paasheuvel weg 28  1105BJ Amsterdam  Netherlands	Quadrivalent influenza cell-culture vaccine (QIVc)	<b>Flucelvax Tetra®</b>	Surface antigen, inactivated prepared in cell cultures	Intramuscul ar injection	Adults and children from 6 months	6 months to 2- year-olds in at risk groups ( <b>GP</b> campaign)  Children aged 2 years and over who cannot receive LAIV ( <b>GP</b> campaign) Anyone aged 18- 64 years in at risk group ( <b>GP</b>	Yes – egg free	Yes*

Table 1: Influenza Vaccines available for 2023-24 Programme Marketing Authorisati on Holder	Type of flu vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
						campaign) All 18 years and over ( <b>HSCW</b> campaign)		
AstraZeneca UK Limited  1 Francis Crick Avenue,  Cambridge,  CB2 0AA,  UK	Live attenuated influenza vaccine (LAIV)	<b>Fluenz Tetra®</b>  PLGB stock (added to NIMAR 08/08/2022)	Live Attenuated	Nasal spray	From 24 months to less than 18 years old	All 2-4 year olds ( <b>GP</b> campaign) All primary school children plus Years 8-12 children ( <b>schools</b> campaign) 11-17 year olds in at risk groups ( <b>GP</b> campaign)	Yes - if no history of severe anaphylaxis that required intensive care (see para 36)	Yes

\* Flud Tetra and Flucelvax Tetra (QIVc) are supplied in single-dose prefilled syringes, with a plunger stopper (bromobutyl rubber), with attached needles. None of the components of this staked needle prefilled syringe presentation that are in direct contact with the vaccine (syringe barrel, plunger and rubber stopper) are made with natural rubber latex. The needle shield for Flud Tetra and Flucelvax Tetra contains natural rubber latex. The risk of allergy is extremely small and is considered to be safe in those patients that have latex allergy / latex anaphylaxis.

\*\* Healthcare professionals should be aware that during the 23/24 influenza vaccination programme, all packs of Fluenz Tetra® will be supplied as GB licensed stock through the Northern Ireland MHRA Authorised Route (NIMAR).

Healthcare professionals in Northern Ireland do not need to do anything different to prescribe, supply or administer medicines supplied via NIMAR. There is no requirement for end users to identify NIMAR products and they can be supplied to patients on the same terms as medicines with a marketing authorisation valid in Northern Ireland (PL and PLNI). GB packs supplied via NIMAR do not need to be serialised for FMD, and there is no requirement to decommission these products as required by EU Delegated Regulation 2016/161.

Registered health professionals who supply medicines to a pre-defined group of patients under Patient Group Directions (PGDs) do not need to do anything differently. All products supplied via NIMAR are authorised by the MHRA in GB and remain equally as safe and effective for patients in NI.

Further information is available at <https://www.gov.uk/government/publications/the-northern-ireland-mhra-authorised-route-nimar/the-northern-ireland-mhra-authorised-route-nimar>

Please refer to the [Green Book Chapter 6](#): Contraindications and special considerations for further information pages 2&3.

## FUNDING, ORDERING, TRAINING AND CONSENT

### Funding and Contractual Arrangements

1. Under the arrangement associated with the GMS contract financial envelope, the SPPG has already been allocated funding for the immunisation with flu vaccine by GPs of those aged 2 to 4 years old, those aged 65 and over and for those under 65s at risk.
2. Funding will also be provided:
  - I. To GPs for:
    - Immunisation of primary school aged children and Years 8-12 post-primary school children i.e. those born between **02/07/2007** to **01/07/2019**, who present for vaccination if they were unable to be vaccinated by the school health team
    - Immunisation of carers and close contacts
    - Immunisation of pregnant women
    - Identification and inform fee and active call and recall of eligible patients
  - II. **To PHA for onward transfer to HSC Trusts to:**
    - support delivery of the influenza programme by treatment room nurses and district nurses for individuals
    - support the expansion of the schools' influenza programme
    - support the delivery of the HSCW, housebound and pregnancy programme of co-administration with COVID-19 vaccination
  - III. **To SPPG (Pharmacy) to cover payments to community pharmacies for:**
    - Immunisation of adults aged 65 years and over
    - Immunisation of frontline health and social care workers (HSCWs)
    - Immunisation of carers
    - Immunisation of pregnant women
    - Immunisation of RQIA registered care home staff and residents.

### Consent and Capacity

3. 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.

4. For further information on consent, please see [Chapter 2 of the 2006 edition of \*Immunisation against infectious disease\*](#) (the 'Green Book')
5. 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>
6. 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**

7. For information on ordering vaccines please see Annex 5.
8. GP practices, community pharmacies and Trusts with responsibility for the delivery of vaccine programmes need to ensure that they have appropriate policies in place to ensure cold chain compliance and that vaccine wastage is minimised. Whilst a degree of wastage is unavoidable either during transportation, storage or at the clinic, with careful planning and care, wastage can be reduced.
9. Vaccinators should carefully plan clinics and only order quantities based on the likely number of people expected to attend. GPs and community pharmacies should ensure that they have the fridge capacity to store the vaccines required.
10. **Movianto will typically deliver within two working days, for all customers, if the order is placed before 12pm, however, providers should expect that in the early stages of the programme initial orders may take up to five working days to be delivered.**
11. Analyses of vaccine use each year shows that in a number of instances vaccine is lost because of cold chain failures. Any such occurrences should be reported to the PHA Immunisation Team at [pha.immunisation@hscni.net](mailto:pha.immunisation@hscni.net).
12. **To prevent a recurrence, it is important that practices, Trusts, and pharmacies ensure they have in place comprehensive up to date cold chain policies that will minimise the risk. To avoid unnecessary disposal of viable vaccines practices, Trusts and pharmacies should also be prepared, where possible, to utilise stock which has undergone a temperature excursion while stored on their premises where the vaccines have been assessed as safe and effective by the manufacturer under an off-label re-categorisation.**

13. The joint SPPG/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/publications/guidance-vaccine-handling-and-storage-gp-practices>
14. Given the procedures in place and the frequency of deliveries available, the Department expects all practices, pharmacies and Trusts 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**

15. 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 2023, publicity messages will be launched for children, adults, unpaid carers, and health and social care workers to encourage those eligible to take up the offer of the vaccine.
16. As before, PHA will also produce public information leaflets which will be distributed by the PHA to all GPs, community pharmacies and Trusts before the season starts, in late August/early September, in line with normal arrangements. Leaflets can also be accessed at the PHA website at: <pha.site/seasonal-influenza>
17. As in previous years, funding is provided to GP practices to enable them to **actively inform their patients that they are eligible for a flu vaccination** (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**

18. 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>:
- Seasonal flu vaccination programme training slides
  - Influenza factsheet
  - E-learning for health care
  - Influenza weekly surveillance bulletins
19. 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.**

**CLINICAL RISK GROUPS 2023/24**

Flu vaccine should be offered to the eligible groups 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 2023. <b>(i.e. DOB 2 July 2019 to 1 September 2021)</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 2012 to 1 July 2019)</b> will be offered the vaccine in school.  Any who are not vaccinated in school should be vaccinated <i>on request</i> by their practice.
<b>Year 8 to year 12 in secondary schools</b>	All Year 8 – Year 12 in secondary schools <b>(DOB. 2 July 2007 to 1 July 2012)</b> will be offered the vaccine in school.  Any who do not receive 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 2024 (i.e. born on or before 31 March 1959).
<b>Chronic respiratory disease aged 6 months or older (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 aged 6 months or older</b>	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 6 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 6 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 6 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 (see contraindications and precautions section on live attenuated influenza vaccine)</b>	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 $\geq 40\text{kg/m}^2$
<b>Household contacts of immunocompromised individuals</b>	Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable
<b>Residents of long-stay residential care homes or other long-stay facilities</b>	People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, university halls of residence, or boarding schools (except where children are of primary school age or secondary school years 8 to 12)
<b>Carers</b>	Those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill. Vaccination should be given on an individual basis at the vaccinator's discretion.
<b>Health and Social Care Workers</b>	Frontline health and social care staff who have direct contact with patients.

\* 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.

The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself.

Healthcare practitioners should refer to the influenza chapter in '[Immunisation against infectious disease](#)' (the 'Green Book') for further detail about clinical risk groups advised to receive influenza immunisation and for full details on advice concerning contraindications and precautions for the influenza vaccine.

[Chapter 14a of the Green Book](#) provides information on what groups can be considered as directly involved in delivering care.

### **Vaccination of patients outside the clinical risk groups**

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

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



## FRONTLINE HEALTH AND SOCIAL CARE WORKERS

### Contractual Arrangements for all employers

1. It is important that all frontline health and social care workers (including students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of flu viruses to their patients/clients. High rates of staff vaccination help to protect the individual member of staff and, also the people in their care and help maintain the workforce and services during the winter.
2. Flu immunisation should be offered by HSC organisations to all employees involved in direct patient care. An active vaccination offer should be made to 100% of eligible staff. To maximise uptake and support efficiencies in service delivery, co-administration of the flu and COVID-19 vaccines should be the standard delivery model for health and social care workers.
3. In line with the Green Book definition in [Chapter 14a on COVID-19 - SARS-CoV-2](#), the definition of frontline health and social care workers eligible for free flu vaccination includes clinical and non-clinical staff who have contact with patients. This definition includes the following:
  - Staff involved in direct patient care
  - Non-clinical staff in secondary or primary care/community healthcare settings
  - Laboratory and pathology staff
  - Frontline social care workers

Please see the Green Book for further details.

4. **All employers are responsible for vaccination of their staff and should put appropriate arrangements in place to ensure high uptake.**
5. 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.
6. In addition to Trust occupational health services, HSC Trust staff can also access vaccination through community pharmacy services.

7. GPs and community pharmacies can vaccinate their own staff using the stock supplied as part of the national flu vaccination programme.

### **Trust HSCW Campaigns**

8. The responsibility for achieving high uptake in frontline HSCWs lies with HSC Trusts. Trusts should ensure that health and social care staff directly involved in patient care (frontline) are actively encouraged to be immunised and are fully aware of where and when they can access the vaccine.
9. 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;
  - Peer vaccinators are encouraged and trained across directorates in the Trusts, particularly in more remote community locations; and
  - Flu vaccination staff clinics are widely accessible and clearly advertised
10. Trusts have a responsibility to ensure that their flu teams fully engage with the regional campaign to ensure sharing of good practice.
11. 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](https://pha.site/seasonal-influenza)

### **Training Materials**

12. 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](https://pha.site/seasonal-influenza):
  - Seasonal flu vaccination programme training slides;
  - Influenza immunisation programme 2023/24 factsheet for health professionals;
  - E-learning for Healthcare;
  - Frontline HSCW 2023/24 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

## **Monitoring Vaccine Uptake**

13. The Vaccine Management System (VMS) must be used for recording flu vaccine across trusts, primary care and community pharmacy.
14. It is the responsibility of all providers to ensure that data is entered on VMS in a timely manner. In a complex, multi-provider programme it is clinically important that vaccine status is visible to all providers.
15. The Child Health System should be used for recording flu vaccinations administered as part of the school's programme (administered by School Health teams).

## **Non-Trust HSCW Flu Vaccine Programmes**

### **Private Nursing and Residential Care Home Staff**

16. RQIA should ensure that all employers of Independent Sector Care Home are aware that they have an obligation to ensure their staff working as frontline HSCWs can access the flu vaccine via Trust clinics or participating community pharmacies in order to protect themselves, their families and their patients / clients.
17. Staff in independent care homes can receive a free flu vaccination as part of the community pharmacy care home vaccination programme.
18. 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 settings is also available. All PHA flu resources are available on the PHA website at the following link: [pha.site/seasonal-influenza](https://pha.site/seasonal-influenza)
19. For 2023/24, RQIA will support Independent Sector Care Homes to collect and submit data on vaccine uptake of frontline HCWs and SCWs to the PHA.

### **Community pharmacists and staff involved in supplying medication**

20. Community Pharmacists and those frontline staff involved in supplying medicines will be able to receive the vaccine from participating community pharmacies offering influenza vaccination services.

## **General Practice Staff**

21. GP frontline staff, directly employed by or associated with the practice (including MDT staff and locum GPs) will be able to receive the vaccine from their employing/host practice.

## HOW TO ORDER VACCINE

1. Quotas on orders will be applied across the board this year from the outset of the campaign for aQIV, QIVc, and LAIV. Quotas have been based on previous orders and vaccine uptake using VMS data.
2. The Movianto web-based ordering system is available to all GP Practices and community pharmacies and will facilitate simple and accurate ordering of all centrally procured seasonal influenza vaccines for the forthcoming 2023/24 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 or community pharmacy orders received via the web-based Movianto N.I. Vaccine Ordering System will be processed and delivered.**

**Please do not attempt to place orders for seasonal influenza vaccines or COVID-19 vaccines in any other way.**

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

3. GPs, community pharmacies and hospital pharmacies must only order sufficient vaccines to meet their 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). It is essential that orders are realistic in order to conserve and tailor supplies to the expected need.
4. **Orders can typically be fulfilled within 2 working days provided the order has been placed before the cut-off time of 12pm, however, providers should expect that in the early stages of the programme initial orders may take up to five working days to be delivered.**

**Practices and pharmacies are reminded that it is important that orders are made in line with anticipated need and that wastage is kept to an absolute minimum.**

5. 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.

## 6. How to Order

Orders for seasonal influenza vaccines 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)

## 7. 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 2023/24 campaign. GP practices must complete this before ordering. To do this they should login in the usual manner, on the link below, and follow the online instructions.**

**Customers may now re-register.**

**GP practices may place their initial orders for injectable seasonal influenza vaccines from 11 September 2023, if they have re-registered.**

For details about how to register please go to:

<https://orders.ni.movianto.com/csp/age/Portal.GUI.Login.cls>

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.

Further details on ordering arrangements for community pharmacies will be communicated by the Strategic Planning and Performance Group (SPPG).



**8. What help will be available to GP practices and pharmacies 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 and community pharmacies. Help is also available through a dedicated email address [info.ni@movianto.com](mailto:info.ni@movianto.com) or by calling 028 9079 5799.

9. All GP practices and community pharmacies must ensure that **all stocks** of last year's supplies of Influenza Vaccine 2022/23 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.

**10. Initial Orders**

Practice and Trust initial orders for the first delivery of influenza vaccines 2023/24 may be placed with Movianto N. Ireland **from 11 September 2023**. The Strategic Planning and Performance Group (SPPG) will notify community pharmacies contracted to deliver the influenza vaccination programme of ordering arrangements. Trust schools' teams should place orders for the school programmes as normal from 11 September 2023.

**Flu vaccinations may be ordered from 11 September 2023 and initial deliveries should be possible from 18 September 2023.**

**These dates are dependent on vaccine suppliers meeting the dates that they provided in their tender returns and are subject to change. The Strategic Planning and Performance Group will advise community pharmacies of anticipated dates for initial deliveries.**

## Vaccine Delivery Model

Cohort	Vaccine	Administered by	Supplier of vaccine (post-delivery from Movianto)
Residential care home staff	QIVc	Community Pharmacy	Community Pharmacy
Residential care home residents	aQIV (if over 65) QIVc (if under 65)	Community Pharmacy	Community Pharmacy
Nursing home staff	QIVc	Peer vaccinators / Community Pharmacists (CP)	Community Pharmacy
Nursing home residents	aQIV (if over 65) QIVc (if under 65)	Community Pharmacy	Community Pharmacy
Children aged 2-4	Fluenz Tetra	GP	GP
Primary and secondary school children (up to year 12)	Fluenz Tetra (or QIVc if contraindicated)	School nursing teams (Trust) GP for QIVc	Trust for LAIV QIVc via pupil's GP
6 months-2 years in an at risk group	QIVc	GP	GP
Home bound people	aQIV (if over 65) QIVc (if under 65)	Trusts	Trusts
16-64 in a clinical risk group	QIVc	GP	GP
Pregnant women	QIVc	GP/Trusts/CP	GP/Trusts/CP
Carers	QIVc	GP/CP	GP/CP
Close contacts of immune compromised individuals	QIVc	GP	GP
Frontline HSCWs (to include residential care home and nursing home staff as above)	QIVc	Trusts/CP  GP (practice staff only)	Trusts/CP  GP
65s and over	aQIV	GP/CP/Trusts	GP/CP/Trusts