

WESSEX

Local Medical Committees

Flu Vaccinations – Top Tips

2019-20

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1. Introduction

The LMC recognises the large quantity of advice that has been issued about influenza vaccines this year. The details included in this pack have now been released by Public Health England (PHE) and should be considered as the definitive advice.

The aim is to use the most effective vaccine for the population.

This year there are 4 vaccines

- | | | |
|----------------|---------------------------------|---|
| 1. LAVI | nasal spray | |
| 2. QIVe | egg grown quadrivalent vaccine | } both offer protections
against 4 strains of flu. |
| 3. QIVc | cell based quadrivalent vaccine | |
| 4. aTIV | adjuvanted trivalent vaccine | |

We have put together a comprehensive list of common questions with answers adapted and taken directly from the NHS and Public Health web pages [Government's publication for 2019/20](#). For additional information please refer to this document. We have also added links to some useful websites throughout the document and also in section 5.

You can sign up to receive regular [vaccine updates](#) to the Governments flu vaccination programme by clicking on this link.

2. Background

There are three types of influenza viruses which affect humans: types A, B and C.

Types A and B are responsible for most disease. Influenza is spread by droplets, aerosol or through direct contact with the respiratory secretions of someone with the infection.

For otherwise healthy individuals, it is usually a mild self-limiting disease with recovery occurring within two to seven days. Further information on influenza infection is included in the [Green Book \(chapter 19\)](#) on Influenza

3. Frequently Asked Questions

The following information is based on guidance from a number of PHE documents.

3.1 Claiming for vaccines

Vaccination of eligible individuals can commence as soon as the recommended vaccine is available, the process should be completed by the end of November. However, eligible patients can be offered influenza vaccine at any point in the flu season and the enhanced service specification for flu includes payment for vaccines given up until 31 March 2020. Please see the following:

[Seasonal influenza and pneumococcal polysaccharide vaccination programme 2019/20](#)

[Childhood seasonal influenza vaccination programme 2019/20](#)

3.2 Coding

NHS digital have published a full list of Snomed codes within the [business rules for 2019/20](#). We have taken the codes for seasonal influenza this year and put them into an easy to use document. Please [click here](#) to print a full size copy of these.

If an updated set of read codes are published at a later date we will add these to our document.

3.3 Delivery of vaccines

[PHE](#) informed practices in July 19 that there was a delay by the World Health Organisation advising on the strains of virus to be included in the vaccines this year. This has caused some delays with manufacturers. All manufacturers have said they have advised practices that have orders with them of likely phased delivery schedules. Currently Sanofi and Masta deliveries will be starting week beginning 7th October. All other manufacturers have not confirmed their schedules to the LMC.

All influenza vaccines for children aged 6 months to less than 18 years are purchased centrally by Public Health England and should be ordered via ImmForm. Fluenz Tetra via Immform will be available for ordering from mid-October and the **QIVe** (Sanofi) can be ordered via Immform from September.

This includes the live attenuated quadrivalent vaccine (**LAIV**) and **QIVe** inactivated vaccines for children for whom the **LAIV** is medically contraindicated or otherwise unsuitable.

3.4 Who is eligible to receive the vaccine?

Influenza can affect anyone. The following groups have a higher risk of developing severe disease or complications such as bronchitis or secondary bacterial pneumonia, or otitis media in children and are eligible for a flu vaccine:-

- All children aged 2 – 10 years (but not eleven years or older) on the 31st August 2019
- Those aged six months to under 65 years in clinical risk groups
- people over 65 years of age (including those becoming 65 years by 31st March 2020)
- people with underlying health conditions
- pregnant women
- those people in long term residential care homes. This DOES NOT include prisons, young offender institutes, university halls of residence or boarding schools except those where the children are of primary school age. ([see pg.8-9](#) of the Annual Flu Letter from PHE)
- Carers
- Close contacts with immunocompromised individuals
- Front line health care staff (as defined by the [DES](#))

The list is not exhaustive and health care professionals should apply clinical judgment consider:

- ✚ Risk of flu exacerbating any underlying disease
- ✚ Risk of serious illness from flu itself

The cost of the vaccine in these circumstances will be reimbursed. (pg. 9)

For the 2019/20 season, patients aged **six months to less than 65 years** of age **with** the following underlying health conditions are eligible to receive influenza vaccine:

- chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease at stage three, four or five
- chronic liver disease
- chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
- diabetes
- splenic dysfunction or asplenia
- a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
- morbidly obese (defined as BMI of 40 and above)

3.5 Other Cohorts eligible for vaccination within the National Specifications

- **All pregnant women**, including those who become pregnant during the delivery of the influenza programme, are eligible to receive influenza vaccine at any stage of pregnancy. Influenza infection during pregnancy may be associated with perinatal mortality, prematurity, lower birth weight and smaller neonatal size.
- **People living in long stay residential care home** or other long stay care facilities
- **Those who are in receipt of a Carers allowance** or are the main Carer and household contact of immunocompromised individuals
- **Locum GPs** are eligible for vaccination via their Registered GP under the DES (Directed Enhanced Service for Seasonal influenza and pneumococcal polysaccharide vaccination programme 2019/20) available at: <https://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf>
- **Health and social care staff** employed by nursing/residential homes or regulated domiciliary care providers are eligible and encouraged to have the flu vaccine
- **Health and care** staff employed by a voluntary managed hospice provider
- **For children** – please see dedicated section 3.17 on page 11



Public Health
England

Flu vaccines 2019/20 season



6 months to under 2 years

In a clinical risk group

QIVe (Quadrivalent influenza vaccine, egg based)⁽¹⁾

1

2 to 10 years

all children with no contraindications to LAIV

Quadrivalent LAIV (Live attenuated influenza vaccine, nasal spray suspension)

2

2 to 17 years

In a clinical risk group and LAIV medically contraindicated

QIVe (Quadrivalent influenza vaccine, egg based)

1⁽¹⁾ 3 4 5

11 to 17 years

In a clinical risk group (no contraindications to LAIV)

Quadrivalent LAIV (Live attenuated influenza vaccine, nasal spray suspension)

2

18 to 64 years

In a clinical risk group

- pregnant women
- frontline health and social care workers

QIVe (Quadrivalent influenza vaccine, egg based)
or QIVc (Quadrivalent influenza vaccine, cell based)

1 3 4 5 6

65 years and over⁽ⁱⁱ⁾

all 65 years and over (and those who will turn 65 years before 31/03/20)⁽ⁱⁱⁱ⁾

aTIV (Adjuvanted trivalent influenza vaccine)^(iv)
or QIVc (Quadrivalent influenza vaccine, cell based)
or TIV-HD (High dose trivalent influenza vaccine)^{(v)(vi)}

6 7 8

Resources

Letter detailing 2019/20 flu programme:

www.gov.uk/government/publications/national-flu-immunisation-programme-plan

Green Book Influenza chapter 19:

www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Leaflets, posters, information materials:

www.gov.uk/government/collections/annual-flu-programme

Quadrivalent Influenza Vaccine

Sanofi Pasteur

⁽¹⁾ QIVe (available to order from ImmunForm for children 6m to 2y, and children 2y to 17y for whom LAIV is contraindicated)



1

licensed from 6 months of age

Fluenz Tetra

AstraZeneca

LAIV

2



licensed from 2 years to less than 18 years of age

Fluarix Tetra

GSK

QIVe

3



licensed from 6 months of age

Quadrivalent Influenza Vaccine Tetra MYL

Mylan

QIVe

4



licensed from 3 years of age

Quadrivalent Influenza sub-unit

Mylan

QIVe

5



licensed from 3 years of age

Flucelvax Tetra

Seqirus

QIVc

6



licensed from 9 years of age

Fluad Seqirus

aTIV

7



licensed from 65 years of age

Trivalent Influenza Vaccine High Dose

Sanofi Pasteur

⁽ⁱⁱ⁾ TIV-HD (suitable but not eligible for reimbursement under NHS flu vaccine programme)

8



licensed from 65 years of age

⁽¹⁾ Although aTIV and TIV-HD are not licensed for those less than 65 years of age it is recommended that those who will become 65 before 31 March 2020 can be offered these vaccines 'off label'.

3.7 How should the vaccines be stored and handled?

Inactivated influenza vaccines should be stored between 2°C and 8°C in the original packaging to protect the vaccine from light. Temperature readings should be recorded, and everyone involved in the administration and giving of vaccines familiar with the cold chain. The practice policy should be updated on an annual basis. The safety of vaccines is a frequent issue raised by the [CQC](#).

[LAVI](#) should be stored at 2-8 degrees centigrade. [Fluenz Tetra](#) has an expiry date of 18 weeks.

Recommended vaccine storage containers should be used when transporting vaccines between different locations.

Clinicians administering the vaccine are recommended to check manufacturers advice. For example [Fluad](#) should be brought to room temperature before use and should not be used if frozen or has reached freezing point.

3.8 What if there is a vaccine storage incident, including cold chain issues?

Should vaccines be inadvertently stored outside the recommended temperature range of 2°C to 8°C, the vaccine should be quarantined, and risk assessed for suitability of continued off-label use or appropriate disposal. This should be raised as a [significant event](#).

Further advice on vaccine stability or cold chain storage incidents should be obtained from your [local screening and immunisation teams](#).

3.9 PGDs

Please refer to the advice on our [Wessex LMCs](#) prenanr web page re the use of PGDs & PSDs.

[Intramuscular inactivated influenza vaccine: PGD template](#)

[Live attenuated influenza vaccine \(Fluenz Tetra®\) : patient group direction \(PGD\) template](#)

PSD for “group” administration e.g. flu vaccines

We do have to be mindful of the guidance around PGDs & PSDs and ensure we fulfil the recommendations.

What is a PSD?

“A written and authorised instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have adequate knowledge of the patient's health and be satisfied that the medicine to be administered serves the individual needs of each patient on that list.

A written instruction applying to a group of patients where the patient/s are not individually identified i.e. a PSD should not state 'All patients attending the practice's 'flu vaccine clinic on date dd/mm/yyyy' but needs to be a list of all named patients due to attend the clinic who have been individually assessed by the prescriber as suitable for treatment and be signed and dated by a prescriber (this does not need to be completed for each entry but can be once for the entire list).

<https://www.sps.nhs.uk/wpcontent/uploads/2013/03/PSD-final-July-2018.pdf>

“Group PSD”

[This is a link to a group PSD](#) on our [website](#), adapted from one written by Diane Coulthard who is an excellent trainer in vaccinations and immunisations. You could adapt this in your practice to allow HCAs and staff not directly employed by the practice and who are not non-medical prescribers e.g. paramedics/pharmacists to administer flu vaccines.

In addition, we would recommend that the following needs to be put in place;

- The PSD must clearly identify which flu vaccine is to be administered under this specific PSD i.e. Quadrivalent or Trivalent as there should be a separate PSD for each vaccine. This may require practices organising separate clinics for administration of each vaccine.
- The person signing the PSD must be satisfied that they are not aware of any contraindications to the patients on the list receiving the stated vaccine, as they are taking responsibility for making the clinical decision.
- The person signing the PSD must be confident that they are signing that the person administering the vaccine is competent, has received training in administering the flu vaccines, is aware of the cold chain policy, clinically supervised and has attended annual up to date training around basic life support, management of anaphylaxis and use of the defibrillator.
- There should be a record in the patients notes that the vaccine has been administered via a PSD. You would benefit from speaking to your IT person to add in a short cut key or read code.
- The printed list of patients under the PSD should be retained for at least 2 years and preferably stored electronically.
- As with all vaccines the patients name, DOB, type of vaccine, expiry date, vaccine code, method of immunisation and site of injection should be recorded in the patients notes together with patients consent to administration.

3.10 How is the injectable flu vaccine given?

- The inactivated influenza vaccine should be administered as an intramuscular injection using a 25mm needle
- For infants aged six months to one year, the anterolateral aspect of the thigh should be used.
- For those aged one year and over, the deltoid muscle in the upper arm is the preferred muscle.

[Fluad®](#) will be in syringes that are [pre-filled](#) and may be supplied with or without a needle. Syringes without a needle may be fitted with a Luer Lock System. This will mean the needle will have to be attached to the syringe before administration.

3.11 Can you give the vaccine subcutaneously?

[Fluarix Tetra](#) and [Fluad®](#) are not licensed for subcutaneous administration so should only be administered intramuscularly.

3.12 What about vaccination of patients taking anticoagulants or with a bleeding disorder?

Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range can receive intramuscular vaccination. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/special-situations.html#bleeding>

3.13 What if you are unsure if a patient has already had a flu vaccination?

If there is nothing documented, then the patient should be offered a flu vaccination. An additional dose is unlikely to cause them any harm. Any adverse reactions are likely to be similar to any other person receiving one dose of the vaccine.

3.14 What about patients who have recently been diagnosed with the flu?

These patients should be offered the vaccine. Both the inactivated flu vaccine and the [LAIV](#) can be given at any time following recovery providing there are no contraindications to vaccination and the patient is not acutely unwell.

3.15 Pregnancy

Can all pregnant women have a flu vaccine?

All pregnant women will provide some maternal antibodies to protect the unborn child. A woman in any stage of their pregnancy should be offered an inactivated quadrivalent influenza vaccine. [The Green Book - chapter 19](#) can also be referred to.

The vaccine can be provided by the GP surgery, pharmacies and in some regions the maternity services.

Can the flu vaccine be given at the same time as other vaccines in pregnancy?

Both the flu vaccine and whooping cough vaccine are inactive and therefore can be given together as can anti-D immunoglobulin.

Can breast feeding women have the flu vaccine?

Flu vaccine can be given to a woman who is breast feeding but this is not a clinical indication.

3.16 What about patients who have an existing medical condition?

Please refer to the NHSE document [Inactivated influenza vaccine information for healthcare practitioners on medical conditions \(pg. 14\)](#) and for egg allergies [Chapter 19 in the Green Book](#).

3.17 Childhood flu vaccination programme

Which children are eligible?

- 6m - 2 years in a clinical “at risk” group
- 2 years – 10 years with or without a clinical risk
- 11yr - 17 yr in a clinical “at risk” group

All those aged 2-3 years (but not four years or older) on 31st August 2019 (i.e. date of birth on or after 1st September 2015 and on or before 31st August 2017) are eligible for flu vaccination in general practice under the childhood immunisation programme and **not under the DES**.

All children in primary school born between 1st September 2008 and 31st August 2015 would normally be vaccinated at school. Practices can vaccinate at risk children only and other children will need to attend their school.

With the schools programme it will take some time to vaccinate all children. Parents of any child at risk because of an underlying medical condition can choose to have their child vaccinated at their GP surgery.

What about those children who are not in a clinical risk group?

They should be offered a **single dose of LAIV**.

The Joint Committee on Vaccinations & Immunisations [JCVI](#) has considered this issue and has recommended that as a second dose of the vaccine provides only modest additional protection.

What about children who are in the clinical risk group?

Children in clinical risk groups aged 2 to less than 9 years who have never had a flu vaccine before should be offered 2 doses at least 4 weeks apart.

Please refer to your local PGD and Public Health guidelines on the administration, contraindications and precautions when administering a flu vaccine to children.

What are the types of vaccines available for children?

There are two types of vaccine available for children in 2019/20

1. Live nasal vaccine **LAIV**
2. Inactivated injectable flu vaccine (**QIVe**)

Both the live and inactivated flu vaccines are quadrivalent vaccines – they contain two subtypes of Influenza A and both B types.

LAIV has been shown to be more effective compared to **QIVe** in children, it replicates natural infection and better long-term protection. It has a good safety policy in children over 2 years of age. Slides 23-25 in the [national childhood flu immunisation program training slides set](#)

LAIV should be offered unless contraindicated. For further information about the childhood flu immunisation programme 2019/20, please refer to the document from DH/PHE/NHS England: [Childhood flu vaccination programme](#)

LAIV is based on a form of gelatine derived from pigs. Some faith groups do not accept [porcine gelatine in medical products](#). Only those who are in clinical risk groups should be offered inactivated injectable vaccine as an alternative.

A child who is not in a clinical risk group whose parents decline **LAIV** will continue to derive benefit from the programme by virtue of reduction of transmission amongst peers. They will not be eligible for an inactivated vaccine (**QIVe**)

How is the vaccine administered?

Administration of the vaccine is via a nasal applicator which delivers just 0.1ml (around 1/50th of a teaspoon) of fluid into each nostril. Clear diagrams showing administration are provided in [the SmPC](#) and NHS Education for Scotland has made a [video](#) for health professionals on how to administer the vaccine.

Can other people present be at risk of catching the vaccine as it is ‘sprayed’?

There is not a ‘mist’ of vaccine virus in the air when children are being vaccinated and therefore others in the room should not be at risk of “catching” the vaccine virus. The room or school in which administration of nasal influenza vaccine has taken place does not require any special cleaning afterwards.

Health care workers who are immunocompromised and those who are pregnant can safely administer the vaccine. As a precautionary measure, however, very severely immunocompromised healthcare workers should not administer **LAIV**

Do you have to defer the vaccination due to acute illness?

Acute severe febrile illness

If the child has an acute severe febrile illness, **LAIV** administration should be deferred until recovered. Minor illnesses without fever or systemic upset are not valid reasons to postpone vaccination.

Heavy nasal congestion

If the child is at risk. As heavy nasal congestion might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration until resolution of the nasal

congestion or use of an appropriate alternative intramuscularly administered flu vaccine should be considered

Antiviral agents

LAVI should not be administered at the same time or within 48 hours of cessation of treatment with the above.

Antiviral flu agents should not be administered within 2 weeks of a child having been given **LAVI** as this can impact on the effectiveness of the vaccine. There is no data on

What if you think you have administered an incomplete dose of the LAVI vaccine?

It is not necessary to repeat the dose of vaccine if at least 0.1ml of the vaccine has been given intranasally as each half dose (0.1ml) contains enough viral particles to induce an immune response.

If the vaccine is accidentally squirted into the child's eye, it may cause some slight irritation to the eye and eyewash/normal saline should be used to wash out the eye. The child/parent should be advised to seek medical advice if any irritation occurs and persists beyond what might reasonably be expected.

What to do if the child refuses the second half of the vaccine dose after the first half has been given?

As each half dose (0.1ml) contains enough viral particles to induce an immune response, it is not necessary to offer an inactivated vaccine or a repeat live vaccine on another occasion as each half dose (0.1ml) contains enough viral particles to induce an immune response

What if you inadvertently give LAIV to a child who is aged less than 24 months?

Please refer to the [Childhood Flu Programme \(pg. 21\)](#).

LAIV is contraindicated in all children aged less than 24 months due to an increase in adverse events in this age group. An increase in wheezing and hospitalisation was observed in clinical trials that included children aged from six to 23 months of age. The decision not to license the vaccine for use in children aged less than 24 months was based on these observations rather than vaccine efficacy in this age group.

Children who have received **LAIV** at less than 24 months of age do not require a replacement dose. The inadvertently administered vaccine should count as a valid dose as **LAIV** will provide protection in this age group. However, the child's parents/carers should be informed of the possible adverse events in the short term and advised to seek medical care if adverse events occur. They should be reassured that no long-term effects from receiving **LAIV** are anticipated.

Children from six months of age in clinical risk groups who have not received a flu vaccine previously should count the inadvertently administered **LAIV** as the first dose. The child should also be offered the inactivated flu vaccine four weeks later to complete

the two dose schedule (in line with the recommendation that children aged six months to under 9 years who have not received inactivated flu vaccine previously should be offered a second dose at least four weeks after the first dose).

If the child reaches their second birthday in the four weeks between the dose of LAIV and when a second dose of flu vaccine would be due, a further dose of LAIV can be given (if not contraindicated). Healthcare professionals should report the administration error via their local governance system(s) so that lessons can be learnt, and the risk of future errors minimised.

Inadvertent administration of LAIV to a child who is immunosuppressed

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

Healthcare professionals should report the administration error via their local governance system(s) so that the appropriate action can be taken, lessons can be learned, and the risk of future errors minimised.

Contraindications to LAIV

- confirmed anaphylactic reaction to a previous dose of flu vaccine
- confirmed anaphylactic reaction of LAIV (e.g. gelatine) or residue from the manufacturing process (e.g. gentamicin), except egg proteins (see details below on egg allergy)
- clinically severely immunocompromised due to a condition or immunosuppressive therapy such as:
 - acute and chronic leukaemias
 - lymphoma
 - HIV infection not on highly active antiretroviral therapy (HAART)
 - cellular immune deficiencies
 - high dose corticosteroids
- receiving salicylate therapy
- known to be pregnant

Also contraindications for children with acute and severe asthma - see next section

Acute and Severe Asthma

New guidance for 2019 from JCVI based on recent data

- children with asthma on inhaled corticosteroids may safely be given LAIV irrespective of the dose prescribed

- **LAIV** is not recommended for children and adolescents currently experiencing an acute exacerbation of symptoms including
 - those who have had increased wheezing and/or
 - needed additional bronchodilator treatment in the previous 72 hours

Such children should be offered a suitable inactivated influenza vaccine to avoid a delay in protection

- children who require regular oral steroids for maintenance of asthma control, or have previously required intensive care for asthma exacerbation should only be given **LAIV** on advice of their specialist

As these children may be at higher risk on influenza infection, those who cannot receive LAIV should receive a suitable inactivated influenza vaccine.

Children with significant asthma and aged under nine years who have not been previously vaccinated against influenza will require a second dose (of either **LAIV** or inactivated vaccine as appropriate).

Egg Allergy

- children with egg allergy (including those with previous anaphylaxis to egg) can be safely vaccinated with **LAIV** in any setting (including primary care and schools)
- children who have required **admission to intensive care for a previous severe anaphylaxis to egg** should be given **LAIV** in the hospital setting
- children with both egg allergy and a clinical risk factor that contraindicate **LAIV** (e.g. immunosuppression) should be offered an* inactivated flu vaccine with a very low ovalbumin content (less than 0.12µg/ml)
- children over age nine years with egg allergy can also be given the quadrivalent inactivated egg-free vaccine, Flucevax® Tetra
- egg allergic children with asthma can receive **LAIV** if their asthma is well controlled (see previous section on severe asthma)

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

For the full set of training slides on the 2019/20 childhood flu immunisation programme, visit: -

<https://publichealthengland-immunisati.app.box.com/s/gk0rhxdo2hgi5oni44wyegdx83cpa7wa/file/491162007044>

3.18 Can the flu vaccine (LAIV) be given with other vaccines?

Although it was previously recommended that, where vaccines cannot be administered simultaneously, a four-week interval should be observed between live viral vaccines. [JCVI](#) has now advised that no specific intervals need to be observed between the live attenuated intranasal flu vaccine and other live vaccines.

3.19 Does a GP have to be on the premises when the flu clinic is running?

The short answer is No.

However, the GP should be aware that if they delegate flu vaccinations, they are still responsible for patients' overall care. They must ensure the healthcare professional administering the flu vaccines has the relevant knowledge, skills and experience to carry out the procedure and be able to deal with an emergency arising from that.

Practice Nurses should only work within their levels of competence and we would suggest that as long as they have access to a GP, which could be by phone, this should be sufficient.

You do need to ensure someone else is also available who can provide assistance if there was a medical emergency i.e. BLS trained, which most staff will have undertaken.

3.20 Practice Staff

Practice staff should be offered vaccination as part of the practice's employer responsibility for occupational health. There has been a change to how this can be provided due to the [new state backed indemnity scheme](#) not covering occupational health.

An update on the position of indemnity for vaccinating your practice staff was communicated via email to practice managers on 20th September 2019 with the following:-

This has been discussed at a national level and we are pleased to be able to quote the following from the BMA:-

Indemnity for staff flu vaccinations

Following the decision by the Department of Health and Social Care and NHS Resolution that CNSGP will not cover practices who vaccinate their own staff against flu, we have been in discussions with the medical defence organisations on the matter.

They have reassured us that all current members will be indemnified through them for this activity. If you are in any doubt about your indemnity arrangements, contact your MDO who will be able to guide you.

We have produced the small flowchart below to assist with the vaccination of GP Practice staff for the seasonal influenza 2019/20

CNSGP does not cover occupational health for practice staff.
Members of staff in an “At Risk” group should be encouraged to have the vaccination at their registered GP Practice

You are recommended to check with your MDO to ensure which clinicians are covered to administer vaccines to staff for occupational health purposes

You are advised to obtain written confirmation

- Treat staff as (unregistered) private patient
- GP to write up a **PSD** for Nurse to vaccinate
- Nurse to discuss vaccination with member of staff for any contraindications – the practice must have a policy for dealing with any staff that do not wish to disclose to their employer
- Obtain staff consent to share with staff member’s registered GP
- This activity is not currently part of the DES.

Information can also be viewed at <https://www.sps.nhs.uk/wp-content/uploads/2019/05/Additional-advice-to-GP-practices-on-the-administration-of-the-seasonal-final-1.pdf>

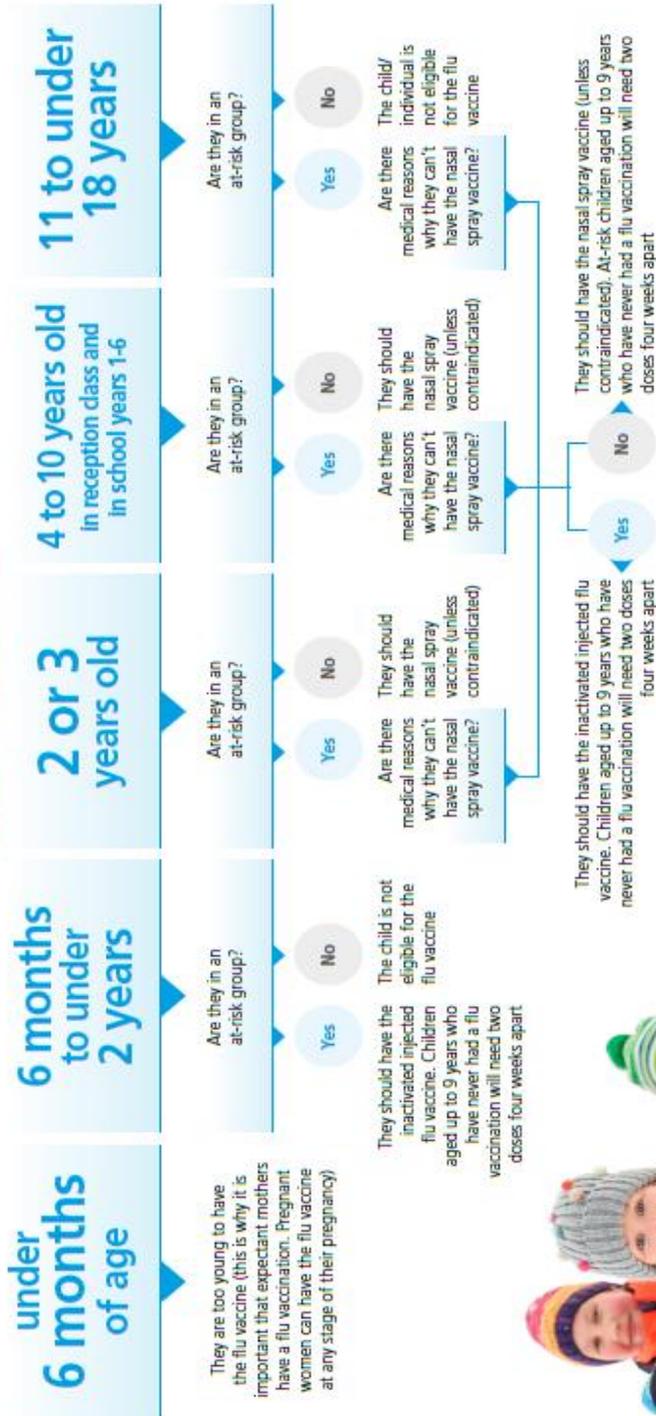
4. NHS Flow Chart - Which Flu Vaccine Should Children Have



Which flu vaccine should children have?

There are two types of flu vaccine available for children in 2019/20 – the 'live' nasal spray vaccine and the inactivated injected flu vaccine. This chart indicates which vaccine children should have.

What is the child's age?



Notes.

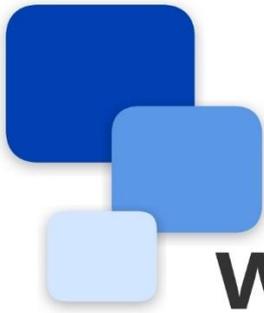
- Those aged two and three years old on 31 August 2019 (but not four years old) are eligible for flu vaccination in general practice.
- All primary school aged children (those aged 4 to 10 years old on 31 August 2019) are eligible for flu vaccination in school.
- At-risk children include those who have long-term health conditions such as asthma and other respiratory diseases, liver, kidney and neurological conditions including learning disabilities, even if well managed.
 - The nasal spray vaccine is a 'live' vaccine but the viruses in it have been weakened so they cannot cause flu. It is not suitable for all children including those who are severely immunocompromised, or are on salicylate therapy.
 - Specialist advice should be sought for children who have needed intensive care due to asthma or egg allergic anaphylaxis, or have been taking regular oral steroids for asthma. Children who are wheezy at the time of vaccination or have been wheezy in the past 72 hours, should be offered a suitable injected flu vaccine to avoid a delay in protection.
 - See the Green Book Chapter 19 Influenza for details: www.gov.uk/government/publications/influenza-the-green-book-chapter-19



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5. Useful Websites / Resources

1. [Annual Flu letter \(Published 22nd March 2019\)](#)
2. [Seasonal Flu Vaccination Programme 2019/20 – Flow chart](#)
3. [Which flu vaccine should children have – Flow chart](#)
4. [Flu Vaccination – Who should have it and why. Winter 2019/20](#)
5. [The national influenza immunisation programme 2019/20. Inactivated influenza vaccine information for health care practitioners](#)
6. [The national flu immunisation programme for 2019/20 slide-set](#)
7. [The childhood flu immunisation programme for 2019/20 slide-set](#)
8. [Childhood flu programme: information for healthcare practitioners](#)
9. [National flu immunisation programme plan](#)
10. [Influenza vaccine: ovalbumin content](#)
11. [NHS England - Update on vaccines for 2019/20 seasonal flu vaccination programme](#)
12. [PHE – Flu vaccine supply issue](#)
13. [Flu vaccine for children: best practice guide for GPs](#)
14. Flu vaccination: leaflets and posters
 - a. [Protecting your child against flu](#)
 - b. [5 reasons to vaccinate your child](#)
15. [Guidance on outbreaks of influenza in care homes poster](#)
16. [Flu posters for visitors to hospitals and care homes](#)
17. [Flu vaccination: invitation letter template for children aged 2 and 3 years](#)
18. [Flu vaccination: invitation letter template for at risk patients and their carers](#)
19. There is free online updates for staff administering vaccines and this can be accessed here <https://www.e-lfh.org.uk/programmes/flu-immunisation/>
20. [Flu vaccination: easy read invitation letter template](#)
21. Useful information for patients
 - a. [NHS the flu Vaccine](#)
 - b. [Who shouldn't have the flu vaccine](#)



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