



## National Stock

Following the success of the 2020/21 seasonal flu immunisation programme, the Department of Health and Social Care (DHSC) has announced its intention to continue with the expanded flu programme in the 2021/2022 flu season as part of its continued response to the covid-19 pandemic. This includes a drive to increase uptake in existing cohorts eligible for a free vaccine under the NHS programme, and also expansion to new groups, such as secondary school children up to year 11.

In order to achieve even higher vaccine uptake rates compared to last year, DHSC has secured an additional supply of influenza vaccines, as a temporary measure for this year only. These vaccines will be available for NHS providers, general practices and community pharmacies, to top up local supplies once they run low and will be deployed to areas where it is most needed to maximise uptake. Providers should work with commissioners to ensure stock is prioritised to where it is needed most, in eligible cohorts under the NHS programme where uptake is lower. Additional supply arrives later in the season and is intended to complement existing supply.

We are now able to confirm the process by which community pharmacies and general practices will be able to access this additional stock. A proportion of this additional stock will also be made available to Trusts and the arrangements for them to order against this stock has been detailed separately.

### Process in the South West

Additional stock will be available to order for GP practices when **all orders and deliveries have been received**. Stock will be available where there is a shortfall between the amount that practices have ordered and the national ambition uptake.

### Ordering

Practices should complete the attached template, detailing the vaccine and quantity (minimum order quantity of 50) required, the cohort the vaccine is required for and a brief reason for the request. This should then be returned to the Screening and Immunisation Team (SIT) at the following address:

[england.swscreeningandimms@nhs.net](mailto:england.swscreeningandimms@nhs.net)

On receipt of this ordering template, the SIT will review and respond within 2 working days. The request will either be approved or responded to with details of further information required before approval can be given.



Once the SIT has approved the request, the manufacturer will be notified directly by the SIT of the request who will then liaise with the practice. Please note there will be approximately a 7-day window from manufacturer receipt of request and delivery of vaccines.

If you have any questions regarding this process please contact the SIT via [england.swscreeningandimms@nhs.net](mailto:england.swscreeningandimms@nhs.net) and we will be happy to advise.

### **National Flu Programme Call and Recall:**

The national call and recall programme began from the week beginning 11th October 2021 for children aged 2 and 3 years. This provision will operate alongside and is in addition to existing local call and recall processes.

We await guidance for the National Flu Programme call and recall service for adults.

### **Vaccination priorities**

This year the national steer is to vaccinate all 2 and 3-year-olds and 'clinically at-risk' children as soon as possible.

GP practices are expected to actively call 2- and 3-year olds as early as possible with the vaccine stock being ready to order from late August.

Vaccinating the 'clinically at-risk' early in the flu season will allow them time to develop an immune response before flu begins to circulate, thus reducing the risk of contracting flu to a cohort who are at a higher risk of flu associated morbidity and mortality.

### **Co-delivering Flu and Covid 19 Vaccinations**

The JCVI guidance states that “where operationally expedient, COVID-19 and influenza vaccines may be co-administered”. Therefore, systems should consider co-administration wherever eligibility for both programmes, supply and regulation allow. However, the JCVI have advised that “the COVID-19 booster vaccine programme should [not] disrupt or delay deployment of the annual influenza vaccination programme”. Therefore, it is important individuals are offered their COVID-19 and influenza vaccine as soon as they are eligible, rather than delaying for the purpose of co-administration.

### **Alternative vaccine available if parents decline the nasal spray (LAIV) due to the porcine gelatine content**



School age children – delivered by your local School Aged Immunisation Provider

To prevent localised outbreaks in the 2021/22 flu season, an inactivated flu vaccine can be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content. This offer will be available from the beginning of the flu season. These children remain the responsibility of the school immunisation service. Please note children in 'clinically at risk' groups can be vaccinated in either setting, e.g. by their GP practice or school aged immunisation team.

Two to three-year olds

To prevent localised outbreaks in the 2021/22 flu season, an inactivated flu vaccine can be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content. This offer will be available from the beginning of the flu season by their GP practice.

**OPERATION VACCINATION**  
www.operationvaccination.com

**BRITISH ISLAMIC MEDICAL ASSOCIATION**

# SHOULD MY CHILD TAKE FLUENZ?

Influenza (or flu) is a common and highly infectious disease caused by different strains of the Influenza virus. Each year a new vaccine is introduced to protect against the commonest strain of flu, saving thousands of lives.

Research from Public Health England tells us that in children ages 2-17 years the flu vaccine prevented:  
- 49% of flu cases in 2018-19  
- 45% of flu cases in 2019-20

**VACCINATION IS THE BEST DEFENCE WE HAVE AGAINST A VIRUS WHICH CAUSES SEVERE ILLNESS AND DEATHS EVERY YEAR.**

## THERE ARE TWO TYPES OF VACCINES IN THE UK THAT PROTECT AGAINST FLU:

- 1. A NASAL SPRAY (CALLED FLUENZ TETRA):**  
This is a live attenuated influenza vaccine (LAIV) offered to all children aged 2-11 years. Fluenz Nasal Spray vaccine protects against four flu virus strains and contains porcine (pork) gelatine.
- 2. INJECTED VACCINES:**  
These are several versions of inactivated influenza vaccines (IIV). These protect between three-four of the flu strains which are most likely to be around. Adults and some younger age groups are given these vaccines. These contain no porcine derived products.

Several studies have shown that LAIV (nasal spray) may actually work better than an IIV (injection). It is thought to offer longer and better protection against mismatched strains, such as when the flu vaccine doesn't exactly cover the flu virus strains that are going around that year.

As children with long-term health conditions (such as diabetes and heart problems) are at higher risk from getting very sick with flu, your doctor may recommend that they get the LAIV (Fluenz spray), since it offers better protection.

For the 2020/21 flu season, children whose parents refuse Fluenz nasal spray due to the porcine gelatine content may be offered the injectable inactivated flu vaccine as an alternative to Fluenz where stocks allow. This could be delayed due to vaccine shortages and is scheduled for November, subject to availability. The children who are in high risk categories will be prioritised over those objecting to Fluenz on religious grounds.

You should speak to a trusted religious scholar about taking Fluenz if you have concerns about its porcine gelatine content. Please do not delay this decision as it is important to protect the health of your child if they are in the high risk category.

#OperationVaccination

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## Comms and resources are available for GPs to use this flu season

<https://www.healthpublications.gov.uk/ArticleOverview.html?sp=Sal1&sp=Sft-59%2C228&sp=Sreset>

<https://www.gov.uk/government/collections/annual-flu-programme#2021-to-2022-flu-season>

There are some national resources available. Leaflets and posters (included translated materials) can be found on the following

site: <https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters>

Easy read materials aimed at people who have, or care for someone with a learning disability can be found on: <https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

## JCVI Recommendation for the 2022/23 Flu Season

The JCVI flu vaccine recommendations have been released. QIVr has been added to the list of suitable vaccines for the over 65 cohort, in addition to aQIV and QIV-HD. Please note, that NHSEI did not list QIV-HD on the list of reimbursed vaccines this year due to the cost of it.

As in previous years, NHSEI have not yet published details of the eligible cohorts and reimbursable vaccines and this will be detailed in the annual flu letters available in 2022.

As always, we recommend that any orders placed with manufacturers for next Flu season, are covered by a clause allowing for amendment or cancellation of orders if needed.

Please see advice below and attached document for the full statement:

JCVI has reviewed the latest evidence on influenza vaccines. The advice below represents the JCVI's scientific view on the use of influenza vaccines in the UK for the 2022/2023 influenza season.

### Adults 65 years of age and over

For vaccination of those aged 65 years and over JCVI advises the use of the following vaccines:

- Adjuvanted quadrivalent inactivated influenza vaccine (aQIV)
- High-dose quadrivalent inactivated influenza vaccine (QIV-HD)
- Quadrivalent Recombinant Influenza Vaccine (QIVr)



## Considerations

The available evidence indicates additional benefit from the use of aQIV or QIV-HD in those aged 65 years and over, compared with standard dose egg-culture inactivated trivalent and quadrivalent vaccines (TIVe/QIVe).

When considering a preference between QIV-HD and aQIV, the available data comparing these are few, somewhat inconsistent, are not available over multiple seasons, are at risk of bias, and are limited by the use of non-laboratory confirmed influenza endpoints. The level of uncertainty in the available evidence is considered too great to allow for a preferential recommendation between the vaccines.

The Committee is also of the view that there is enough supporting evidence for QIVr to be considered as equivalent to aQIV and QIV HD for use in those aged 65 years and older. This evidence includes that QIVr has a higher antigen content (45 µg) than QIVc (15 µg) and standard egg based quadrivalent vaccines (15 µg), as well as immunogenicity, efficacy and effectiveness data in favour of its use in the elderly alongside aQIV and QIV HD.

If aQIV, QIV-HD or QIVr are not available, the quadrivalent influenza cell-culture vaccine (QIVc) is considered an acceptable alternative and is suitable for use in this age group. QIVc is preferable to the standard egg-culture influenza vaccines (TIVe/QIVe) in this age group.

### At-risk adults (including pregnant women) aged less than 65 years of age\*

For vaccination of adults aged 18 to less than 65 years of age in an at-risk group JCVI advises the use of the influenza vaccines below:

- Quadrivalent influenza cell-culture vaccine (QIVc)
- Quadrivalent Recombinant Influenza Vaccine (QIVr)

The Quadrivalent influenza egg-culture vaccine (QIVe) can also be considered for use in this age group if other options are not available subject to the considerations below.

## Considerations

Evidence from recent influenza seasons indicate a clear additional benefit in the use of quadrivalent influenza vaccines in those less than 65 years of age in an at-risk group, compared with trivalent influenza vaccines.

There is a potential advantage to using influenza vaccines which do not use eggs in the manufacturing process (cell-culture or recombinant) compared with egg-cultured



influenza vaccines, due to the possible impact of “egg-adaptation” on the effectiveness of influenza vaccines, particularly against A(H3N2) strains. The evidence on additional benefit is available for only very few seasons but the issue of egg adaptation remains a real concern particularly for the AH3N2 virus which is the more virulent influenza subtype in terms of morbidity and mortality.

There is limited but good evidence that the recombinant vaccine QIVr, which also is not affected by egg adaptation, is more effective than QIVe in adults under 65 years age. Therefore, QIVr is also preferred over QIVe in adults under 65 years old.

Based on the available evidence the Committee supports a preference for QIVc and QIVr over QIVe. The quadrivalent egg-culture inactivated vaccine (QIVe) can also be considered for use in this group, if other options are not available, because any impact of egg adaptation will likely be limited to seasons in which the influenza season is dominated by well- matched H3N2 strains.

\* This advice also applies to adults aged 50 to 64 years old who are not in a clinical risk group if the temporary enhanced influenza programme continues in 2022/23

#### Children aged two to less than 18 years of age in an at-risk group

Children aged two years to less than 18 years in clinical risk groups should be offered the live attenuated Influenza vaccine (LAIV) unless it is medically contraindicated or otherwise unsuitable. In those for whom LAIV is not suitable, JCVI advises the use of QIVc. JCVI therefore advises the influenza vaccines below in the following order of preference:

1. live attenuated Influenza vaccine (LAIV)
2. Quadrivalent influenza cell-culture vaccine (QIVc)<sup>1</sup>

The Quadrivalent influenza egg-culture vaccine (QIVe) can also be considered for use in this age group if other options are not available.

#### Children aged less two years old

For vaccination of at-risk children aged less than 2 years of age in an at-risk group JCVI advises the use of the following vaccine:

- Quadrivalent influenza egg-culture vaccine (QIVe)<sup>2</sup>



The Committee has also advised that Egg-allergic children aged less than two years can also be offered the quadrivalent inactivated egg-free vaccine, QIVc (Flucelvax® TETRA). 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.

### **Request for local intelligence**

We are aware that unfortunately some practices are still experiencing delays in stock delivery. If your surgery is in this situation, please could you email us at [england.swscreeningandimms@nhs.net](mailto:england.swscreeningandimms@nhs.net) to let us know if you are still have these stock delays with some or all of your vaccines?