

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



**HSS(MD)33/2024**

**BY EMAIL**

Chief Executives, Public Health Agency/HSC Trusts/NIAS  
*(for onward distribution to all relevant staff)*  
Chief Operating Officer, SPPG  
*(for onward distribution to all relevant staff and  
Community Pharmacists)*  
GP Medical Advisers,  
All General Practitioners and GP Locums *(for onward  
distribution to practice staff)*  
OOHs Medical Managers *(for onward distribution to staff)*  
Chief Executive RQIA *(for onward circulation to relevant staff  
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Our Ref: HSS(MD)33/2024  
Date: 12 September 2024

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**SEASONAL INFLUENZA VACCINATION PROGRAMME 2024/2025**

**ACTION REQUIRED**

**Public Influenza 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
- nurses caring for patients with chronic medical conditions, district nurses, treatment room nurses
- midwives, obstetricians and relevant maternity services staff
- 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 influenza vaccination programme.

The Regulation and Quality Improvement Authority (RQIA) must ensure this information is cascaded to all Independent Sector Providers, particularly Care Home service providers, for onward distribution to all staff involved in the seasonal influenza immunisation programme.

### **Frontline Health and Social Care Worker Influenza Vaccination Programme - including Independent Sector**

Chief Executives should ensure all frontline staff are actively encouraged to receive the influenza vaccine and ensure adequate access to vaccination is provided for staff.

The RQIA should actively encourage all Independent Sector Care Home staff to be vaccinated as part of this year's seasonal influenza programme.

## **Introduction**

1. Last year saw the successful delivery of the influenza (flu) vaccination programme in Northern Ireland to 442,563 eligible individuals. We would like to extend our sincere thanks to all those who were involved for their hard work in planning and delivering our vaccination programmes. These programmes offer vital protection to eligible citizens and to our health and social care system through the winter months. The success of our programme last year was only possible because of your immense professionalism, commitment, and hard work.
2. The uptake rate last year for influenza vaccination in the 65 years and over cohort reached 78%, this was a reduction from 83% achieved in the previous year's programme in 2022/2023. Whilst the uptake rate achieved for this cohort in 2023/2024 is to be commended, it was disappointing to see a decline on the previous year's uptake. Last year there was a lower-than-expected uptake of vaccination in other cohorts eligible for influenza vaccination. We trust the details set out in this letter will support colleagues to develop effective plans to ensure that this year's seasonal influenza programme (the 2024/2025 programme) is a successful one.
3. We ask for your continued commitment and resolve in 2024/25 to increase vaccine uptake rates among 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 was disappointing during last year's seasonal influenza programme.
4. In a complex, multi-provider programme such as this it is essential (from both a clinical and service delivery perspective) that information relating to vaccine status is captured and recorded in an up-to-date, accurate and timely manner as possible on all systems and via all information sharing processes. All influenza vaccinations should be recorded on the appropriate information system:
  - **Vaccine Management System (VMS)**  
All adult influenza vaccinations and children's influenza vaccinations not administered as part of the schools-based programme.

## ➤ NI Child Health System

All influenza vaccinations administered as part of the schools-based programme, which is administered by the school health teams.

### Eligibility

5. Cohorts eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccinations and Immunisations (JCVI). This programme aims to provide protection to those who are at higher risk of influenza associated morbidity and mortality and to reduce transmission of infection to all age groups through the vaccination of children.
6. This letter provides information on this year's seasonal influenza programme in NI. Those eligible for influenza vaccine in 2024/2025 are:
  - all preschool children aged two to four years on 1 September 2024
  - all school-aged children (up to and including year 12)
  - 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 2025
  - 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 providers
    - registered domiciliary care providers
    - voluntary managed hospice providers
7. Information relating to the various parts of this year's 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

### Timing of Programme Delivery

8. Based on the evidence that influenza vaccine's effectiveness can wane over time in adults, JCVI have advised that vaccination of older adults and those in 'at risk'

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<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](#).

groups should start in the beginning of October and not earlier. This is on the understanding that the majority of the vaccinations will be completed by early December. It is preferable to vaccinate individuals closer to the time when the influenza virus is likely to circulate (typically peaks in December or January), as this will provide optimal protection during the highest risk period.

9. Protection from the vaccine lasts much longer in children, therefore the priority is to start vaccinating all children (including those in clinical risk groups) from early September, or as soon as vaccine becomes available, both to provide early protection to children and to reduce transmission to the wider population. As the public health impact of vaccination is greater in younger children, where possible, school-based immunisation providers are encouraged to schedule vaccination of primary school children early in the season. The majority of eligible children should be vaccinated before peak influenza activity is expected i.e. by the end of November/early December.
10. The above advice applies to the GP-based programme for 2–4-year-olds and the schools-based programme for primary and secondary school aged children.
11. Pregnant women are an exception to the above advice. Pregnant women are not expected to lose protection as rapidly as the elderly population and therefore starting vaccination earlier (particularly in those women who are in the later stages of pregnancy) than for those in other clinical risk groups, will still offer protection to women themselves in the peak season. Commencing vaccination from early September will also ensure that as many newborn babies as possible are protected during the influenza season and will help to optimise uptake. Trusts will offer influenza, COVID-19 and Respiratory Syncytial Virus (RSV) vaccination in maternity clinics and pregnant women can attend any HSC Trust Clinic to be vaccinated.
12. Following clinical assessment there may be a small number of other adults for whom it would be better not to delay influenza vaccination until October. For example - for those who are due to commence immunosuppressive treatment (such as chemotherapy) before October, receiving an influenza vaccine before starting treatment may enable a better response to their vaccination. In these exceptional circumstances, patients should be offered vaccination, as outlined in Chapter 19 of the [Green Book](#). The patient's specialist within Secondary Care, should identify these individuals and make them aware they are eligible for vaccination and offer vaccination (by referral to the appropriate service as advertised).
13. Where possible, this year's influenza programme should be delivered in conjunction with this Autumn's COVID-19 booster programme, in order to optimise vaccine uptake and to ensure resources are deployed effectively and efficiently for both programmes. Please see **Annex 5** for details relating to ordering and delivery of influenza vaccine. A separate HSS letter on the COVID-19 programme will issue shortly.
14. Vaccination should be given in sufficient time to ensure individuals 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 influenza circulation is late in the season or when patients newly at-risk present during the course of the season, such as pregnant women who may not have been pregnant at the beginning of the vaccination period.

15. 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 / individual, taking into account the level of influenza-like illness in the community and the fact that the immune response following vaccination takes about two weeks to develop fully. The PHA will provide advice on extending the influenza vaccination period if / as necessary.

### Sessional vaccinators

16. A small pool of Sessional Vaccinators, employed by the Public Health Agency, are available to support GP's and Community Pharmacy with co-administration of the COVID-19 and influenza programmes throughout the Autumn campaign. Further information on this workforce and requests for support can be raised by contacting the PHA at: [PHAVaccinesitrep@hscni.net](mailto:PHAVaccinesitrep@hscni.net)

### Influenza vaccines for 2024/2025

17. Each year the World Health Organization (WHO) recommends influenza vaccine strains based on careful mapping of influenza 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 influenza outbreaks in the northern hemisphere in the coming winter.
18. For further information on the WHO recommended quadrivalent vaccines for use in the 2024/2025 influenza season in the northern hemisphere see: [Recommended composition of influenza virus vaccines for use in the 2024-2025 northern hemisphere influenza season \(who.int\)](https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2024-2025-northern-hemisphere-influenza-season)
19. Influenza vaccines which have been procured by the PHA for the forthcoming influenza season are in line with the recommendations of the JCVI and are as follows:

<b>Eligible Group</b>	<b>Vaccine – JCVI recommended</b>
Individuals <b>aged 65 and over</b> (and those who will become 65 before 31 March 2025)	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 years</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>
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- None of the influenza vaccines contain thiomersal as an added preservative.
- Some Influenza vaccines are restricted for use in particular age groups. Providers should refer to the advice and information relating to contraindications and precautions sections in Chapter 19 of the [Green Book](#) and in the relevant Summary of Product Characteristics for the respective vaccine.

### Children's Influenza vaccination programme

20. For 2024/25 the schools-based vaccination programme will again include all young people in academic years 8 to 12 in secondary school. School health teams should actively promote the offer of influenza vaccination 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 current academic year (2024/25), that is those born between 2 July 2008 and 1 July 2020.
21. School health teams should prioritise special schools for early vaccination. Children in a clinical risk group who attend a mainstream school should receive their vaccine through the normal school health team arrangements. However, if there is significant parental concern about a child in one of the clinical risk groups and where the date for school vaccination is scheduled later in the season (i.e. late November) or if influenza starts to circulate earlier than in previous seasons, GPs (or their paediatrician if they attend the hospital during the early season) are asked to facilitate earlier vaccination if / as requested. Please see Chapter 19, table 19.1 of the [Green Book](#) for information relating to relative risk for those in clinical risk groups with respect to influenza infection.
22. GPs should prioritise and actively identify and inform parents / guardians regarding the offer of influenza vaccine to all pre-school children aged two years or more on the 1 September 2024 (that is children born between 2 July 2020 and 1 September 2022) as early as possible, once they take delivery of LAIV influenza vaccines. We would strongly recommend that increased effort is given to vaccination of pre-school children, with a view to ensuring that falling uptake among this group is addressed and improved in the current year's programme.
23. If a child turns 2 years old during the vaccination period (that is from September to December 2024) and their parents request that they be vaccinated, GPs should vaccinate the child once they are 2 years of age, in line with the vaccine licence. GPs can claim the normal Item of Service (IoS) fee for vaccination of these patients.
24. Should a child miss their offer of a vaccine in school (for whatever reason including deferment of their Primary 1 place), GPs should offer Influenza vaccine to children registered in their practice if / as their parents / guardians request vaccination.

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<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.

25. GPs should actively identify, inform and vaccinate any young people aged 16 & 17 years of age who are in a clinical risk group and who are born before 2 July 2008 for influenza and COVID-19. This includes young people from 16 years of age with morbid obesity. Children and young people with chronic neurological disease should be prioritised for vaccination.
26. Children in at-risk groups for whom LAIV is unsuitable, and healthy children whose parents may not wish to receive 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 if / as requested.
27. 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 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, table 19.5, of the [Green Book](#) for further information.

### **Adults' Influenza vaccination programme**

28. Influenza 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 (that is anyone who will be 65 years of age or over by 31 March 2025) and any eligible patients under 65 years of the offer of influenza vaccination. Community pharmacies will also provide an additional route to vaccination for this cohort (see below).

All primary and secondary care staff involved in patient care should use the opportunity of each healthcare contact to actively encourage and support their patients to be vaccinated.

Trusts, GPs and Community Pharmacies should offer the influenza vaccine to all pregnant women. GPs should actively identify and inform all pregnant women of the offer of influenza vaccination at any stage during pregnancy. All maternity staff, including midwives and obstetricians, should actively encourage pregnant women at every contact to receive the influenza vaccine which can be co-administered with the COVID-19 vaccine, if / as appropriate.

GPs should refer housebound patients who require vaccination by Trust District Nursing or Vaccination Teams as soon as possible and by 31 September 2024 using the established systems / processes.

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

29. Influenza vaccines have been shown to reduce transmission of infection therefore we wish to re-emphasise the importance of achieving high vaccination update among frontline Health and Social Care workers, including those working in the Independent Sector. This is to ensure that staff are supported to protect their families, themselves, and the vulnerable patients in their care.

30. During the 2024/2025 influenza 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 for staff to be vaccinated.

### **Community Pharmacies**

31. In addition to providing expanded opportunities for frontline HSCWs to be vaccinated, participating Community Pharmacies will also provide an additional route to vaccination for those aged 65 and over, for carers, and for those who are pregnant.
32. Community Pharmacies have built strong links with the care home sector through their successful delivery of both COVID-19 boosters and previous influenza programmes for care home residents / staff. They will again offer influenza vaccination to all RQIA-registered care home residents and staff as part of this year's seasonal influenza programme.
33. 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 based on age, or those eligible as pregnant women or carers, should they present in the pharmacy for any reason. Community Pharmacy staff should also encourage uptake of vaccine among 'at risk' groups by signposting to patients' GPs.

### **Vaccine uptake ambitions for 2024/2025**

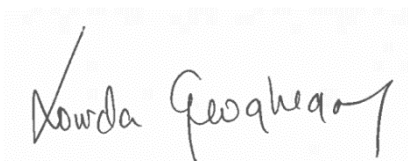
34. PHA has previously reported vaccination uptake achieved during last year's seasonal influenza programme (2023/2024) using data extracted from the Vaccine Management System (VMS): [Influenza Weekly Surveillance Bulletin, Northern Ireland, 2023/24 | HSC Public Health Agency \(hscni.net\)](#). The previously issued [HSS \(MD\) 23/2024](#) correspondence also sets out the vaccination uptake achieved during the 2023/2024 programme.
35. Whilst the uptake rate achieved in the cohort aged 65 years and over is welcomed, uptake has declined from that achieved in the previous year (2022/2023). We would urge you to continue your commitment and resolve in this year's programme (2024/2025), with the goal of increasing uptake rates across all eligible cohorts. This is particularly important among pre-school and secondary school children, those in at-risk groups, pregnant women, and frontline HSCWs, where uptake has been disappointing during 2023/2024.
36. GPs and school-based providers should demonstrate a comprehensive offer this season, by ensuring all eligible patients / individuals (100%) are offered the opportunity to be vaccinated. This comprehensive offer should be supported by an active mechanism to identify and inform patients / individuals, supplemented with opportunistic offers where pragmatic. The aim of this year's seasonal influenza programme is to demonstrate a 100% offer and to exceed the uptake levels achieved among each cohort during the 2023/2024 programme.



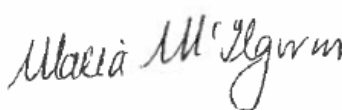
## Conclusion

37. We would like to express our sincere appreciation to all who worked hard to plan, delivery and manage our seasonal influenza programme during the 2023/2024 season. While 2023/2024 was a mild influenza season, the HSC was still experienced significant pressure, and it is vital that we do all we can to support the HSC to cope with pressures and unexpected events as we move towards the coming Winter months. Morbidity and mortality attributed to influenza continues to be a key factor in HSC winter pressures, and a major cause of harm to individuals.
38. Our annual seasonal influenza immunisation programme (alongside our COVID-19 vaccination programme and our newly introduced RSV vaccination programme) is a critical element of the system-wide approach to protecting the health of our population and supporting our health and care services over the winter period. Receiving the influenza vaccination will help protect our staff from influenza infection. It will help to reduce GP consultations, unplanned hospital admissions and pressures on Emergency Departments. Vaccination will also help reduce staff sickness levels.
39. Our sincere thanks to you all for your commitment and dedication in planning and delivering our 2024/2025 seasonal influenza vaccination programme.

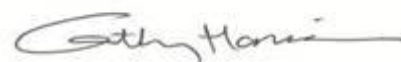
Yours sincerely



**PP – Professor Lourda Geoghegan**  
**Deputy Chief Medical Officer**



**Ms Maria McIlgorm**  
**Chief Nursing Officer**



**Professor Cathy Harrison**  
**Chief Pharmaceutical Officer**

**Professor Sir Michael McBride**  
**Chief Medical 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, Ulster University  
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Maurice Devine, Open University  
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University  
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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  
Dr Camille Harron, NIMDTA  
Prof Pascal McKeown, QUB  
Prof Alan Smyth, QUB  
Prof Louise Dubras, Ulster University

This letter is available on the Department of Health website at  
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

## Annex 1

### INFLUENZA VACCINES AVAILABLE

<b>Table 1: influenza vaccines available for 2024-25 Programme Marketing Authorisati on Holder</b>	<b>Type of influenza 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</b> 65 years and over (GP & CP campaign). HSCWs aged 65 and over can get aQIV from either their GP or a community pharmacy.	<b>No</b>	Yes <sup>4*</sup>

<sup>3</sup> The aQIV is licensed for those aged 50 years and over, however, centrally procured stock is only available for use in those aged 65 years and over. It is recommended that aQIV ▼ is offered to those who become 65 years of age before 31 March 2025.

<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 (in these instances the cell-based (QIVc) Quadrivalent Inactivated Vaccine can be given) but IS suitable for latex allergic people.

Table 1: influenza vaccines available for 2024-25 Programme Marketing Authorisati on Holder	Type of influenza 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 <sup>5</sup> ( <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*

<sup>5</sup> 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

Table 1: influenza vaccines available for 2024-25 Programme Marketing Authorisati on Holder	Type of influenza vaccine	Name	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergic resulting in anaphylaxis	Suitable for latex allergic
						campaign) All 16 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</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 24/25 influenza vaccination programme, all packs of Fluenz ® 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 influenza 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 **02/07/2008** to **01/07/2020**, 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

influenza 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. We need to ensure vaccine wastage is minimal. All significant cold chain breach incidents, such as vaccines stored outside of the recommended temperature ranges, should be reported to the local Health and Social Care Trust Pharmacy Medicines Information Team and the PHA Health Protection Duty Room (0300 555 0119) in the first instance. **Do not dispose of any vaccine until advice has been sought.**
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 guidance *Vaccine Handling and Storage Guidance for GP Practices* 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. A specific cold chain guidance document to support Community Pharmacy is available via the BSO website. Community Pharmacy colleagues are advised to consult this document using the following link: <https://bso.hscni.net/wp-content/uploads/2024/03/SPPG-Guidance-Cold-Chain-Breaches.pdf>
15. 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**

16. 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 2024, 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.
17. 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](https://pha.site/seasonal-influenza)
18. As in previous years, funding is provided to GP practices to enable them to actively inform their patients that they are eligible for an influenza vaccination (e.g., by letter, email, phone call, text) to ensure as high an uptake rate as possible. The benefits of influenza vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible.

## **Training for Health Professionals**

19. 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](https://pha.site/seasonal-influenza):
  - a. Seasonal influenza vaccination programme training slides
  - b. Influenza factsheet

- c. E-learning for health care
- d. Influenza weekly surveillance bulletins

20. The Green Book chapter on influenza is available online, see attached link: [Green Book](#) It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

### **Vaccine Equity**

- 21. The influenza vaccination programme should aim to maximise uptake across all groups, with a particular focus on ensuring vaccination equity.
- 22. Regional vaccine uptake monitoring should include uptake according to socioeconomic status, geographical residence and any other factors that contribute to vaccine inequity.
- 23. Providers delivering the vaccine programme should have access to uptake monitoring, either through arrangements with PHA or through their own monitoring arrangements, so that they can direct programme delivery to ensure maximum uptake.

### CLINICAL RISK GROUPS 2024/2025

Influenza 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 2024. <b>(i.e. DOB 2 July 2020 to 1 September 2022)</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 2013 to 1 July 2020)</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 2008 to 1 July 2013)</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 2025 (i.e. born on or before 31 March 1960).
<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 influenza vaccine based on clinical judgement of the risk of flu exacerbating an underlying disease and the risk of serious illness from influenza 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 influenza 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 influenza vaccination to protect themselves and to reduce the risks of transmission of influenza 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. Influenza 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 influenza 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 influenza 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 Influenza Lead to coordinate the Trust HSCW Campaign;
  - Influenza teams have a broad range of staff from all parts of the Trust, think clinical to communications;
  - Influenza teams have adequate time and resources to fully engage and encourage staff to receive the influenza vaccine;
  - Peer vaccinators are encouraged and trained across directorates in the Trusts, particularly in more remote community locations; and
  - Influenza vaccination staff clinics are widely accessible and clearly advertised
10. Trusts have a responsibility to ensure that their influenza 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 influenza vaccination programme training slides;
  - Influenza immunisation programme 2024/25 factsheet for health professionals;
  - E-learning for Healthcare;
  - Frontline HSCW 2024/25 seasonal influenza 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 influenza 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 influenza vaccinations administered as part of the school's programme (administered by school health teams).

## **Non-Trust HSCW Influenza 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 influenza 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 influenza 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 influenza resources are available on the PHA website at the following link: [pha.site/seasonal-influenza](https://pha.site/seasonal-influenza)
19. For 2024/25, 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 GP Federation Pharmacists, 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 2024/2025 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. Please do not book patients and arrange clinics until vaccine stock and delivery is confirmed.

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 influenza vaccine deliveries and stock will be placed on the web-based Movianto system, so please check the website regularly.

### **How to Order**

6. 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. 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 2024/2025 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 W/C 9 September 2024, 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. 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 2023/24 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.

### **Initial Orders**

10. Practice and Trust initial orders for the first delivery of influenza vaccines 2024/25 may be placed with Movianto N. Ireland from W/C 9 September 2024. 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 W/C 9 September 2024.

Influenza vaccinations may be ordered from W/C 9 September 2024 and initial deliveries should be possible from the following week.

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	LAIV	GP	GP
Primary and secondary school children (up to year 12)	LAIV (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 immunocompromised 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 (and those who will become 65 before 31 March 2025)	aQIV	GP/CP/Trusts	GP/CP/Trusts