

# Flu Vaccination Programme Delivery Guidance 2018-19



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**Description** This document sets out some key information to help general practices and pharmacies to plan for the 2018-19 flu vaccination season, and in particular to answer patient queries about the adjuvanted trivalent flu vaccine (aTIV).

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## FLU VACCINATION PROGRAMME DELIVERY 2018-19

### Key information for planning

This document sets out some key information to help general practices and pharmacies to plan for the 2018-19 flu vaccination season, and in particular to answer patient queries about the adjuvanted trivalent flu vaccine (aTIV).

**This year, three types of flu vaccine will be used in the flu programme.** This will benefit patients by ensuring that they have the most suitable vaccine that gives them the best protection against flu. The three vaccines are:

- **Adjuvanted trivalent flu vaccine (aTIV)** - This is licensed for people aged 65 years and over and is the vaccine recommended by the Joint Committee on Vaccination and Immunisations (JCVI) for this age group. The deliveries of aTIV to practices and pharmacies will be staged between September and early November.
- **Quadrivalent vaccine (QIV)** - This is recommended for children aged from 6 months to 2 years and in adults from 18 years to less than 65 years of age who are at increased risk from flu because of a long term health condition.

In general practice and via school based programmes:

- **Live attenuated influenza vaccine (LAIV)** - This is a nasal spray and is licensed for children and young people from 2 years old to less than 18 years of age. The age groups targeted in England for this vaccine in 2018/19 are two and three year olds (through their GP surgery) and school aged children in reception class through to Year 5 (through schools). If LAIV is clinically contraindicated QIV is used in this age group. Both are ordered centrally from Vaccine Supply.

**Practices and pharmacies are advised to start vaccinating each eligible group as the appropriate vaccine for them becomes available.** Vaccines will become available at different times from September onwards. Vaccination is recommended for all patient groups covered by the flu programme, usually between September and December. In general it is appropriate to still offer vaccination to eligible patients at any subsequent point in the flu season, even if they present late for vaccination. This can be particularly important if it is a late flu season or when newly at risk patients present, such as pregnant women who may have not been pregnant at the beginning of the vaccination period.

Seqirus have already notified practices and pharmacies of the week of delivery for each of the three batches of aTIV in September (40%), October (20%) and November (40%). Exact days and volumes will be confirmed in August.

- QIV may be available earlier and delivery dates will have been confirmed with practices and pharmacies by the supplier.

- LAIV for the children's programme is expected to be available to order from week commencing 9<sup>th</sup> October (confirmation of the timing will be provided in Vaccine Update).

### **Notes on planning for vaccination clinics for those aged 65 years and over with aTIV**

**General practices** – We recognise that this group of patients attend flu vaccination clinics regularly and may be familiar with how you deliver flu vaccines in your practice. This year arrangements will need to be modified because of the phased delivery of aTIV. Practices are the experts in planning delivery of the flu programme for their practice population, but the following are some pointers as to how your usual system could be adapted for this year:

- Communicate to patients from August onwards, through all the communications channels you usually use: website, posters, messages on prescriptions, patient participation groups, local newsletters etc.
- Messages in the national communications and marketing strategy will support the specific circumstances in 2018-19, i.e. vaccination will be offered to everybody by December so make sure you get vaccinated by then.
- Under the Enhanced service, GP practices are required to call all eligible patients for vaccination. Writing to patients could be a good way to manage the attendance of patients at flu clinics based on the availability of the vaccine.
- It may help to look in more detail at the age and risk group breakdown of your practice population aged 65 years and over and if you have the information available, at the pattern of attendance for flu vaccines last year. At national level, uptake at the end of October was ~60% and at the end of November it had reached ~ 69%.
- There is good evidence to show that once a patient is vaccinated, it takes around 2 weeks to develop an immune response. The key message is 'it is never too late to have your flu jab'.
- Usually influenza activity does not increase from baseline levels in the UK until December; though it can be earlier, therefore vaccines given in early November are likely to be 'in time' for the flu season.
- Practices could use the profile of their population aged 65 years and over to inform the phasing of invitations; matching specific practice populations against aTIV deliveries to the practice as set out in the table below.

Patient groups		Rationale
1.	Those aged 75 years and over  Those in care homes	This group have been shown over recent years to be at highest risk of poor outcome from influenza and often have the poorest response to standard dose non-adjuvanted vaccines. Vaccination aims to reduce influenza outbreaks in care homes and the impact this has on health and care services as well as to protect vulnerable individuals.
2.	65 to 74 year olds in a clinical risk group	More vulnerable to severe disease following influenza because of underlying medical condition and to benefit from aTIV
3.	65 to 74 year olds NOT in a clinical risk group.	Increased age elevates the risk of poor outcomes following infection with influenza aTIV is the recommended vaccine.

- Although the practice may prioritise patients through the call/recall process, once aTIV is available, it is advisable to opportunistically vaccinate eligible patients presenting in practice, if the recommended vaccine is available, rather than asking them to return later in the season. If the recommended vaccine, aTIV for those aged 65 years and over, is not available the patient should be asked to return when it is.
- When offering opportunistic vaccination, practices should ensure they hold sufficient stock of vaccine to cover any planned clinics.

**Community pharmacies** – As pharmacies do not have a registered list of patients, a formal call system for eligible patients is not a practical approach, however in a similar way to that described above for general practices, pharmacies could:

- Communicate the specific 2018/19 arrangements to patients from August onwards through all the communications channels you usually use: website, posters, leaflets, messages on prescription bags etc.
- Use the messages in the national communications and marketing strategy (vaccination will be offered to everybody before the end of November so make sure you get vaccinated by then) within your communications to patients.

Use the above profile of the population aged 65 years and over to inform the provision of your vaccination service from September to November, but where the appropriate vaccine is available, and an eligible patient presents at the pharmacy seeking vaccination, do vaccinate them rather than asking them to return later in the season. If the recommended vaccine, aTIV for those aged 65 years and over, is not available the patient should be asked to return when it is.

### **Working in partnership at a local level**

All providers of vaccination in the UK, including general practices and community pharmacies in England, will have the same phased delivery of aTIV in 2018-19. Local partnership working between Local Medical Committees (LMCs) and Local Pharmaceutical Committees (LPCs) or directly between practices and community

pharmacy could help with ensuring patients are given consistent messages about the flu programme and vaccine is used most effectively.

The British Medical Association and the Pharmaceutical Services Negotiating Committee will be working to support this approach at a national level.

## **Key messages for patients 65 years and over**

These Q&A and scenarios are intended to support all practice and pharmacy staff in answering the queries they may get from patients about the adjuvanted trivalent flu vaccine (aTIV) and the flu vaccination programme for the 2018/19 flu season.

### **Before you get your order of adjuvanted flu vaccine a 72 year old patient asks you for an appointment to have another type vaccine.**

The adjuvanted flu vaccine is the recommended flu vaccine for people in this age group. This is because aTIV is likely to give better protection against flu. It would therefore be best to wait until we have more supplies of aTIV which we know will offer you the best protection.

### **Is having aTIV in November too late to offer protection?**

Flu usually starts from December onwards, it can be earlier, but if you are vaccinated in November you should benefit from its protective effect. It is better to wait for the vaccine that is most effective for your age group.

### **A 68 year old patient asks if it would be better to have quadrivalent influenza vaccine (QIV) now because you have it in stock, rather than coming back for aTIV in November.**

The adjuvanted flu vaccine is the recommended flu vaccine for all people aged 65 years and over. This is because the aTIV is likely to give better protection against flu. It would therefore be best to wait until we have more supplies of aTIV which we know will offer you the best protection.

### **Is aTIV available elsewhere if your practice/community pharmacy has run out?**

Local pharmacies and general practice are having supplies of aTIV flu vaccine phased between September and November. Patients can make enquires at the pharmacy if their practice currently has no vaccine. Likewise community pharmacies should ask patients to check with their practice if the pharmacy currently has no vaccine. Practices and pharmacies should make patients aware of when they expect their next delivery of aTIV. It is important to stress to them that they should return for vaccination as having vaccine in October or November will not be too late to benefit from its protective effect.

### **A patient asks if they can get aTIV if they pay privately.**

All patients aged over 65 years are eligible for vaccination on the NHS. General practices and community pharmacies will be using their supplies of aTIV for NHS provision. Make patients aware of when you expect your next delivery and how to make an appointment for the vaccine. Stress the importance of returning for vaccination as this is the best protection against flu.

**A patient aged under 65 years in a clinical risk group has heard about the new aTIV vaccine and asks why they can't receive it.**

The aTIV is only licensed for use in people aged 65 years and over.

**People who have their 65<sup>th</sup> birthday before 31<sup>st</sup> March 2019 will be eligible for influenza vaccine so may not be 65 when they are immunised. Which vaccine should they have?**

It is appropriate to offer aTIV "off label" to those having their 65<sup>th</sup> birthday before 31<sup>st</sup> March 2019 and who are thus eligible to receive influenza vaccine under the current definition of the 'over 65' group. Although aTIV is not licensed in those less than 65 years of age "off label" use is an option. The Public Health England (PHE) Patient Group Direction (PGD) for inactivated influenza vaccine for 2018/19 will incorporate this off label indication.

**If adjuvanted flu vaccine is stronger, does it have more side effects?**

There may be some mild reactions to any flu vaccine, but serious side effects are very rare. Adjuvanted flu vaccine is slightly more likely to give a local reaction around the injection site; however, the adjuvanted vaccine additionally benefits people aged 65 years and over as it gives a better protection against flu.

**Is aTIV suitable for a patient with an egg allergy?**

Full guidance on use of flu vaccine in patients with egg allergy is in the Green Book.

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

Patients who have suffered a severe anaphylaxis to egg (e.g. required intensive care) should be referred to specialists for immunisation in hospital. Other adult patients can be immunised in the community using an inactivated influenza vaccine with ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for a 0.5 ml dose). The ovalbumin content of aTIV and other 2018/19 flu vaccines will be published here: <https://www.gov.uk/government/publications/influenza-vaccine-ovalbumin-content>.

**What flu vaccines should health and social care workers expect to receive?**

NHS providers should be planning to offer the quadrivalent vaccine (QIV) for healthcare workers aged under 65 years. Those aged 65 years and over are eligible for vaccination as part of the NHS vaccination programme and should be offered adjuvanted trivalent flu vaccine (aTIV).

**A patient aged under 65 years old and not eligible for vaccination as part of the national flu programme is going to pay to have a vaccination privately and asks which vaccine would be best for him?**



Private providers would be expected to follow the recommendations in 'Immunisation against Infectious Disease' (The Green Book) used for the NHS programme. This makes clear that there is some benefit in using the quadrivalent influenza vaccine and this is what they should be offered.

## **FURTHER INFORMATION**

Immunisation against Infectious disease (the Green Book) Chapter 19, Influenza (Public Health England, last updated 1 December 2017)

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

Annual Flu Letter 2018-19

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694779/Annual\\_national\\_flu\\_programme\\_2018-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694779/Annual_national_flu_programme_2018-2019.pdf)

NHS England letter to practices and community pharmacy and CCGs (5 February 2018)

NHS England letter to NHS Trusts and Foundation Trusts (7 February 2018)

<https://www.england.nhs.uk/publication/vaccine-ordering-for-2018-19-influenza-season-letters/>

Supplemental data from PHE to support the Green Book: (Public Health England, 29 January 2019)

<https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines>

Frequently asked questions for healthcare workers (Public Health England) will be published here:

<https://www.gov.uk/government/collections/annual-flu-programme>

## **Detailed requirements of the flu programme can be found in the following:**

Directed Enhanced Service Specification

Seasonal influenza and pneumococcal polysaccharide vaccination programme 2018/19

<https://www.england.nhs.uk/wp-content/uploads/2018/06/seasonal-influenza-pneumococcal-service-specification-2018-19-v1.pdf>