

Guidance for Prescribing and Administering Influenza Vaccine to eligible inpatient Service Users across all East London NHS Foundation Trust (ELFT) Services during the 2021/22 Flu programme

Version number :	4.0
Consultation Groups	Ruth Bradley, Director of Nursing, Integrated Care Lorraine Sunduza, Chief Nurse Interim Chief Pharmacist Deputy Chief Pharmacists ELFT Flu Lead All Pharmacy Leads and Senior Pharmacy Managers group
Approved by (Sponsor Group)	Medicines committee
Ratified by:	Medicines committee
Date ratified:	September 2021
Name of originator/author:	Charity Okoli Lead Pharmacist, Newham CHS
Executive Director lead :	Paul Gilluley
Implementation Date :	September 2021
Last Review Date	September 2020
Next Review date:	July 2022

Services	Applicable
Trustwide	X
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Reason/description of changes
1.0	Oct. 2018	Jennifer Melville	
2.0	Oct. 2019	Charity Okoli	<p>Updated with new information from PHE/NHSE for 2019/20 flu season programme.</p> <p>Changed title from “<i>Summary Guidance for Prescribing and Administering Influenza Vaccine to ELFT inpatients</i>” to “Summary Guidance for Prescribing and Administering Influenza Vaccine to eligible Service Users across all East London NHS Foundation Trust (ELFT) Services during the 2019/20 Flu season”.</p> <p>Added “Introduction – section 1”</p> <p>Changed section 1 to 2 and updated the eligibility criteria section.</p> <p>The Information links and references updated.</p> <p>Changed Section 2 to 3 and updated the section. Also added link for available vaccines this 2019/20 season.</p> <p>Changed sect.3 to 4</p> <p>Changed sect.4 to 5</p> <p>Changed sect. 5 to 6; and changed the heading “<i>Obtaining supply for eligible ELFT inpatients</i>” “to Prescribing/administering flu vaccines to patients”. Section 6 was also updated e.g., with advice on prescribing and administering the vaccine, advice and link for Green Book etc.</p> <p>Changed the sub-heading 6.1 “QIV – for in - patients 18 – 64 years’ old” to “QIV – for patients 18 – 64 years’ old”</p> <p>Added “this can be enabled on the e-prescribing platform (EPMA) where this has been rolled out”</p> <p>6.2 changed “in-patients” to “patients”. removed “If the patient is short stay and able to obtain the vaccine from their GP this is the preferred option”</p> <p>Added link for information leaflets for patients</p> <p>6.3 Advice issued from NHS England.</p> <p>Added sect. 7 “Reporting template” and what the vaccinators need to do.</p>
3.0	September 2020	Charity Okoli	<p>Updated the information on cover page, sections 1, 2, 3.2, 5, and 6. Section 7 (added information on infection control in view of Covid-19). The references also updated. Added appendix 2- Summary table of influenza vaccines being offered by NHS England in 2020/21 programme. In section 6 added information to assist in avoiding risk of</p>

			<p>administering extra flu vaccines. Added Appendix 3, which is SOP to guide staff avoid the risk of extra dosing of influenza vaccine administration to patients. Added links to excel spread sheets for all GP surgeries/Flu leads/PCN pharmacists in Newham Tower Hamlets and City & Hackney to enable easy access for ELFT pharmacy staff to communicate with GP practices and PCN pharmacist where available to provide quick information on discharge for patients vaccinated in ELFT. Section 6.3- added links for some useful information leaflets. Appendix 4 added, this has the record template for collation of patients vaccinated in in patient wards Added supporting information on flu vaccination for people with learning disability on page 5</p>
4.0	September	Charity Okoli	<p>Page 5 –Updated the introduction section with information from Flu letters for 2021/22 season; in section 2, the extended eligibility criteria updated. Section 3 and appendix 2 updated to reflect the Flu vaccines products for 2021/22 season. References and all links updated. Page 7- updated information on flu vaccination for Learning disability. Section 8 changed, incorporating the information on how vaccination administered will be collated in 2021/22 programme. All data to be uploaded on NIVS. Explanation on the process, staff responsible, and detail of information required specified.</p>

Contents

1. Introduction.....	5
2. Eligibility for vaccination:	5
3. Influenza vaccine products for 2021/22	7
4. Contraindications and precautions with the vaccine.....	8
5. Interactions with the vaccine	9
6. Prescribing and administering flu vaccines to patients	9
7. Infection prevention and control when administering vaccines	10
8. Collating data for all eligible in patient service users vaccinated in ELFT.....	11
References and Further Information	13
Appendix 1: How to prescribe the influenza vaccine in EPMA	14
Appendix 2: Summary table of which influenza vaccine to offer in 2021/22 season	16
Appendix 3 Standard Operating Procedure.....	17
Appendix 4: Spreadsheet for exceptional record of patients yet to upload on NIVS.....	19

1. Introduction

Seasonal influenza is an unpredictable but recurring issue we face every year, which tend to add pressure to NHS every winter. In 2020/21, the flu vaccination programme was extended, and more groups were eligible to receive flu vaccine than in previous years. Although flu activity was low during 2020/21, flu activity during 2021/22 may be high. This is because the non-pharmaceutical interventions such as shielding and social distancing that were in place during 2020/21 have now been lifted and more of the population may be susceptible to flu this year. In view of the risk of influenza (Flu) virus and outbreaks of Covid-19 co-circulating during this winter, the 2021/22 national flu immunisation programme is likely to be faced with many challenges, such as increase in vaccine demand and infection control measures as well as pressure on services. Considering that the Covid-19 is still spreading across the country and possible further outbreaks in winter, DHSC/PHE draw great emphasis on importance of protecting those at high risk of flu, who are also those most vulnerable to hospitalisation as a result of Covid-19. In order to support the resilience of the health and care systems, the government has extended the eligibility groups for Flu immunisation for 2021/22 programme and with high ambitions to see an increase on the percentage of eligible persons offered flu protection this season.

In [DHSC/PHE](#) letter for national flu immunisation programme for 2021/22 updated on 28th July 2021, the government stated that the expanded flu vaccination programme that we had last year would continue in 2021/22. The 50 to 64 years olds will continue with the temporary vaccine offer in order to protect this group, as hospitalisation from Covid-19 also increases from 50 years and above. In 2021/22 programme, flu vaccination has also be extended to four additional cohorts in secondary school so that all those from years 7 to 11 will be offered flu vaccination. The list of those eligible for NHS influenza vaccination in 2021 to 2022 can be seen on section 2 below which include people who are already meeting existing flu eligibility.

East London NHS Foundation Trust (ELFT) like other providers as expected by the government will focus on achieving high vaccine uptake levels in eligible groups, as they are most at risk of from flu.

2. Eligibility for vaccination:

The Flu Immunisation Programme for 2021/2022 is for all eligible groups as specified in [Appendix A](#) of the DHSC/PHE publication for the national flu immunisation programme 2020/2021 updated on 28th July 2021.

Inpatients

All inpatients admitted to an inpatient ward in ELFT who have not had a flu vaccination at their GP or community pharmacy and where this has been confirmed via medicines reconciliation should be offered a flu vaccine if they fall into any of the categories outlined in the flu letter mentioned above. In particular, these groups:

- **CAMHS inpatients** - All children aged 2 to 15 (but not 16 years or older) on 31 August 2021

- **Older people's mental health, forensics and CHS inpatients** - People aged 50 years or over (including those becoming age 50 years by 31 March 2022)
- **Adult mental health inpatients** - Those aged less than 50 years of age, in a clinical risk group such as those with:
 - 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
 - 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 40kg/m² and above)
- **Mother and Baby Unit inpatients** - All pregnant women (including those women who become pregnant during the flu season)

The list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above. Capacity assessments should be considered where appropriate.

In 2021/22 programme, focus is high vaccine uptake levels for all cohorts, especially for those most at risk from flu. For instance for those aged 65 years and over, the ambition is at least 85%, reflecting the World Health Organization (WHO) target for this group.

NB: Frontline health and social care workers will be provided with flu vaccination by their ELFT teams. ELFT flu vaccinators in directorates will be providing opportunities for staff to be vaccinated in order to protect staff and patients from flu. See information on the intranet about flu campaign and vaccination this season. A written instruction has also been authorised by ELFT organisation to be used for the peer-to-peer vaccination of staff during 2021/22 flu immunisation programme.

There is also a trust Flu PGD and patient specific directions agreed with GPs for vaccination of our service users in the community by trained nurses where agreement has been reached locally.

- **Support for people with Learning Disability (LD) to enhance uptake**

It has been observed that despite the fact that from 2014 people with learning disabilities were eligible to have a free flu vaccination there has not been an appreciable rise in the numbers receiving the flu vaccine. It is highly important that people with learning disability be supported by healthcare professionals by putting some reasonable adjustments in place, to ensure that people with LD have their flu immunisation. This is because many studies/reports such as the [CIPOLD](#)

report have shown that respiratory problems are a major cause of death of people with learning disabilities. Some of the adjustments that may be made for this group include:

- Consider the use of the nasal spray flu vaccine as an alternative adjustment that is less invasive when the LD patient is anxious about needles.
- The live intranasal influenza vaccine is given as a single spray squirted up each nostril. Note, this is not licensed for adults but can be used “off-label” for patients with LD who become seriously distressed with needles.
- The person seeing the patient may need to assess the patient’s capacity to decide to have the flu injection. If they do not have capacity for this decision, then this should not be a barrier to the flu injection being given; there would need to be a decision taken by the health professional that this is in their best interests.
- Healthcare professionals should inform people with learning disabilities, their family, carers and paid supporters that they are entitled to a free flu vaccination.
- Case coordinators, during the patient’s annual health check or CPA meetings should inform the patient and families/carers the reason it is important that they have a flu vaccination and provide information leaflets if possible.

Click the link below for more supporting information resources for Flu vaccinations for people with learning disability.

<https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities>

3. Influenza vaccine products for 2021/22 programme

All but one of the influenza vaccines available in the UK are inactivated and do not contain live viruses. One vaccine (Fluenz Tetra®) contains live viruses that have been attenuated (weakened) and adapted to cold so that they cannot replicate efficiently at body temperature. None of the influenza vaccines can therefore cause clinical influenza in those that can be vaccinated, although mild coryzal symptoms can occur with the live vaccine.

The live vaccine (Fluenz Tetra®) is administered by nasal spray, and the inactivated vaccines are all administered by intramuscular injection. There are very few individuals who cannot receive any influenza vaccine. When there is doubt, appropriate advice should be sought promptly from a specialist.

As the vast majority of vaccines administered are to adult services, the focus of this guidance is on the inactivated quadrivalent influenza vaccine. For children services, advice should be sought from a specialist clinician or the local pharmacy team as appropriate.

For more information on available influenza vaccines during the 2021/22 session, the detailed information can be accessed in [Appendix C](#) of the DHSC/PHE publication of 28th July 2021 and summary table is on Appendix 2 of this guidance.

For up to date advice the Green Book <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

ELFT have ordered the QIVc vaccine for routine vaccinations of inpatients. Please see product SPC here: <https://www.medicines.org.uk/emc/product/9753>

4. Contraindications and precautions with the vaccine

None of the influenza vaccines should be given to those who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine, or
- a confirmed anaphylactic reaction to any component of the vaccine.

Anaphylaxis kits must be available in case of an allergic reaction.

4.1 Egg allergy - Adult patients can also be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content less than 0.12 µg/ml (equivalent to 0.06 µg for 0.5 ml dose), except those with severe anaphylaxis to egg which has previously required intensive care who should be referred to specialists for immunisation in hospital.

See Ovalbumin content for 2021/22 vaccines here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891140/Oval_albumin_table_2020_to_2021.pdf

4.2 Current illness or fever - Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness by wrongly attributing any signs or symptoms to the adverse effects of the vaccine.

4.3 IM administration - All seasonal influenza vaccines supplied by ELFT to the ward settings are licensed for Intramuscular administration. The preferred sites for intramuscular injection are the anterolateral aspect of the thigh (or the deltoid muscle if muscle mass is adequate) in children 6 months through 35 months of age, or the deltoid muscle in children from 36 months of age.

4.4 Injections and anticoagulants - It is important to closely monitor the patients taking coumarins and related anticoagulants closely. Caution is always advised when giving intramuscular injection to patients with bleeding disorders in order to reduce the risk of bleeding.

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. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy.

Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication/treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed

by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual/parent/carer should be informed about the risk of haematoma from the injection.

5. Interactions with the vaccine

There are a number of medications including **phenytoin, carbamazepine, phenobarbital and theophylline** which have reported interactions with influenza vaccines leading to changes, mainly increases in plasma levels of these medications. However, the majority of these interactions are limited to isolated case reports, mainly without any observed clinical changes and therefore the interactions are not thought to be clinically significant. As the influenza vaccine is administered as a single vaccine any changes in plasma levels of these medicines is likely to be short lived and therefore the benefits of the vaccine in most cases will outweigh any risks. However, as changes in the plasma, levels of these medicines can lead to changes in effects or adverse effects it would be prudent to advise the patient to monitor for any increase in adverse effects or loss of symptom control and to consider plasma monitoring of these medicines should this occur.

For medicines, queries related to the vaccines, such as interactions, contact your local pharmacy team for advice.

6. Prescribing and administering flu vaccines to patients

6.1 Medicines reconciliation at admission

Caution to avoid accidental double dosing of flu vaccination

It is also important to specifically check on admission whether the patient has already had the flu vaccination from another provider e.g. the GP, community chemist etc.

For the patients being admitted to the wards, this should be done as part of the medicines reconciliation process. See Appendix 3 for more information.

6.2 Prescribing flu vaccine for inpatients

The prescribers and ELFT vaccinators must discuss the flu vaccines with eligible patients to ensure informed consent. Capacity assessments should be considered where appropriate. Where the patient lacks capacity to consent, staff could seek advice of the ELFT Mental Health office on what is appropriate.

Paper charts - the vaccine should be prescribed in the “once only” section of the inpatient administration chart as ‘Inactivated Quadrivalent Influenza Vaccine’ IM Injection.

EPMA - See ‘Appendix 1’ for EPMA vaccine prescribing.

The vaccines will be provided by ELFT pharmacy for all inpatients who are eligible to be vaccinated during the 2021/22 flu vaccination programme; contact your local pharmacy staff for supplies.

6.3 Administration

Following vaccination of each patient, a record of the type of flu vaccine, batch number and expiry date of the vaccine as well as the route and site of administration must be documented in the patient's records.

6.4 At discharge

At discharge, (see SOP appendix 3)

Prescriber will add vaccine information to the notification of discharge (NODF) or other electronic records e.g. EMIS and SystmOne for the patients in community.

Ward pharmacist will check the NODF against the JAC record for vaccine administration and ensure the vaccine information has been added prior to validation.

Pharmacists will further communicate information via email to relevant GPs/practice based pharmacists or any staff delegated for flu matters) working at GP practices by telephone conversation or email, advising to update the patient's Summary Care Record. See appendix 3 for link for important contacts.

Trained ELFT vaccinators are to deliver and administer the vaccine in line with the Green book. **Always use the latest updated online version of the Green book.** See link below:

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

6.5 Useful Information leaflets and posters

- (i) Follow the link below for Information leaflets for patients on who should have the flu vaccine, which is available in different languages.

<https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>

- (ii) See link below for posters for visitors to hospitals and care homes

<https://www.gov.uk/government/publications/flu-poster-for-visitors-to-hospitals-and-care-homes>

- (iii) For manufacturers written Patient Information Leaflet (PIL) for QIVe

<https://www.medicines.org.uk/emc/product/666/pil>

- (iv) For manufacturers written Patient Information Leaflet (PIL) for QIVc click link below

<https://www.medicines.org.uk/emc/product/666/pil>

7. Infection prevention and control when administering vaccines

Premises that are administering the flu vaccine should follow the recommended [infection prevention and control \(IPC\) guidance](#).

People who are displaying COVID-19 symptoms or are self-isolating because they are confirmed COVID-19 cases, or contacts of suspected or confirmed COVID-19 cases, should not attend until they have recovered and completed the required isolation period.

Healthcare professionals who administer the vaccine are required to wear the recommended personal protective equipment (PPE) in line with the [government's guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe).
www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

The IPC principles in this guidance apply to all health and care settings, including acute, mental health and learning disabilities, primary care (including community services) and care homes.

Further information on IPC measures is provided in the [Information for Healthcare Practitioner documents](#), which will be updated prior to and during the season as required.

Safe ways of delivering the flu immunisation programme

Patients will need reassurance that **appropriate measures are in place to keep them safe from COVID-19** when they receive the flu vaccine including:

-  **Careful appointment planning** to minimise waiting times and maintain social distancing when attending
-  providing patients with **information in advance** of their appointment to explain what to expect
-  recalling at-risk patients if they **do not attend in line with contract requirements**
-  **social distancing innovations** such as drive-in vaccinations and 'car as waiting room' models, if possible
-  the use of **home visits** for those on the NHS Shielded Patient List who are high risk for COVID-19

8. Collating data for all eligible inpatient service users vaccinated in ELFT

In order to adequately provide data for all ELFT service users vaccinated during the 2021/22 flu immunisation programme, arrangements have been made to capture the data using the National Immunisation & Vaccination System (NIVS).

The data will be uploaded on NIVS at point of administration of the vaccine by the allocated site flu lead vaccinator or deputy/designated administrator.

Note: Only on exceptional circumstances, when it is not possible to upload data at vaccination site that the information should be entered on a spreadsheet for the designated administrator to upload on NIVS later and the data has to be uploaded within 48 hours.

This is because NIVS links information to GP system and NHS app for easy access, so it is important the data be shared promptly.

An example of spreadsheet that can be used for this exceptional emergency record is shown on Appendix 4.

The details of information required for NIVS documentation are:

- Patient's name
- Date of Birth
- NHS number
- EMIS/SystemOne or Rio number
- Type of Influenza (Flu) vaccine administered to patient
- Batch number of the flu vaccine administered
- Date administered

References and Further Information

1. The summary of product characteristics should be consulted to guide the prescribing and administration of the vaccine. Summary of Product Characteristics are available from:
 - a. SmPC <https://www.medicines.org.uk/emc/>
 - b. SmPC Live Attenuated Influenza vaccine (Fluenz Tetra nasal spray suspension)
<https://www.medicines.org.uk/emc/product/3296>

2. Chapter 19 of the '*The Green Book*' provides detailed recommendations for the use of the vaccine <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>
Only use the updated on-line version

3. Covid-19: Infection Prevention and control guidance
www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

4. DHSC/PHE/NHSE: The national flu immunisation programme 2021/22 letter dated 17th July 2021 (Updated 28th July)
<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

5. PHE: Inactivated Influenza vaccine : PGD template, updated 4th August 2021
<https://www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template>

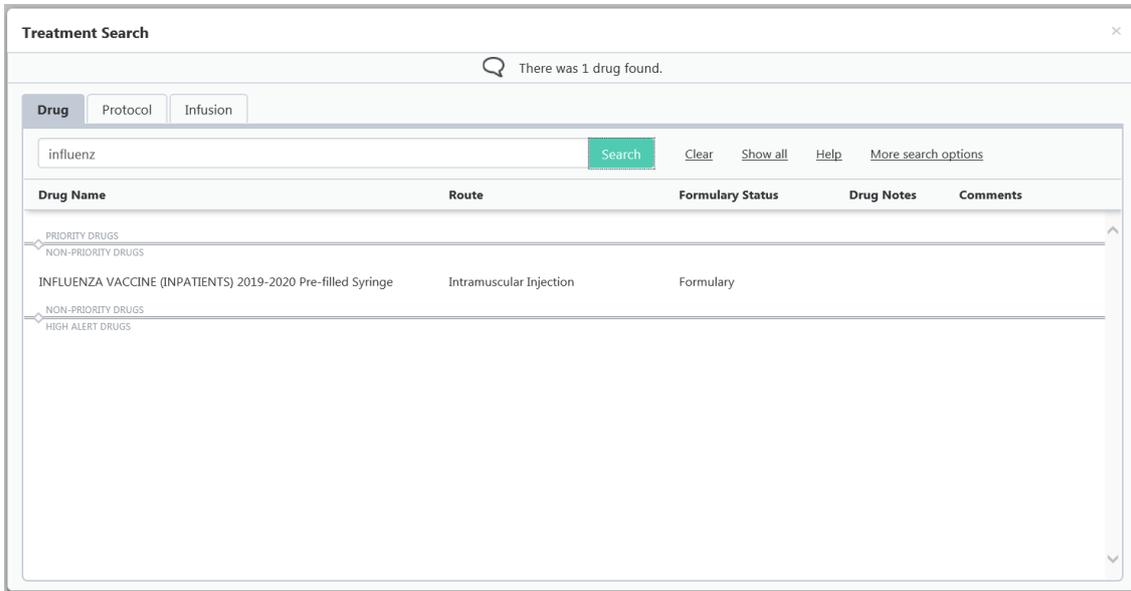
6. Public Health England (2020). *Health matters: delivering the flu immunisation programme during the COVID-19 pandemic*. Available:
<https://www.gov.uk/government/publications/health-matters-flu-immunisation-programme-and-covid-19/health-matters-delivering-the-flu-immunisation-programme-during-the-covid-19-pandemic>

7. Guidance information on Flu vaccinations: Supporting people with learning disability
<https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities>

8. Summary of Product Characteristics for Quadrivalent influenza vaccine – cell cultured, inactivated (**QIVc**)
<https://www.medicines.org.uk/emc/product/10444/smpc>

Appendix 1: How to prescribe the influenza vaccine on EPMA

Step 1: Prescriber searches for influenza vaccine like any other drug



Step 2: The vaccine will default to be a 'STAT Order'. This STAT order will default to be given at the date and time of prescribing. This can be changed and set to a future date/time e.g. if the prescriber wants the vaccine given tomorrow or next week. It is important to take supply of the vaccine into account when prescribing.

Important Information

- The screenshot below shows the vaccine having been administered at 16:46 on 7th Nov 2019. It will remain in the 'Inpatient Rx' tab for 24 hours after which it will go to the 'Discontinued Rx' tab. If the prescriber tries to prescribe the influenza vaccine again within 24 hours, a warning alert will pop up saying the patient has already received this medication. **The prescriber will not get a warning alert if the vaccine is prescribed more than 24 hours after receiving the first dose.**

Home Inpatient Finder v2018SP1 Live Mr Lewis Pope My Account Logout

TEST, Testboy Born 08-Jun-1994 (25 y) Gender Unspecified NHS No. 999 999 9999

Address Hospital No. 999999999999 Allergy Status No known drug allergies

Consultant TESTDOCTORCONSULTANT, T... Ward Test Ward Body Surface Area 1.92 sqm Weight 75 kg Height 177 cm

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Inpatient Rx Discharge Rx Short Term Leave Rx **Discontinued Rx** Monitoring & Assessment Conflict Log Administration

View: Legend

STAT	04-NOV-2019	05-NOV-2019	06-NOV-2019	07-NOV-2019	08-NOV-2019	09-NOV-2019	10-NOV-2019
INFLUENZA VACCINE (INPATIENTS) 2019-2020 Pre-filled Syringe							
Dose 1 Pre-filled Syringe	Rx on 07-Nov-2019 16:45						
Route Intramuscular Injection	Directions Administered @ 07-Nov-2019 16:46						

- Therefore, it is strongly recommended that the prescriber checks the 'Discontinued Rx' tab in order to check whether the patient has already received the influenza vaccine before prescribing.
- If a STAT dose is prescribed and **not administered** on the day, the prescription will automatically move to the 'Discontinued Rx' tab. If this occurs, the vaccine will need to be re-prescribed. It is therefore important that the supply of the vaccine to the ward is taken into account when prescribing i.e. if the vaccine needs to be ordered by pharmacy and will arrive on the ward the following day, ensure the dose is prescribed to be administered on that day or after.

Appendix 2: Summary table of which influenza vaccine to offer in 2021/22 season

Eligible group	Type of Influenza vaccine
<p>At risk children aged from 6 months to less than 2 years</p>	<p>Offer QIVe (egg- grown Quadrivalent influenza vaccine – inactivated)</p> <p>NOTE: LAIV (Live Attenuated Influenza Vaccine) and QIVc (adjuvanted Quadrivalent influenza vaccine – cell cultured, inactivated) are not licenced for children under 2 years of age.</p>
<p>At risk children aged 2 to under 18 years</p>	<p>Offer LAIV If LAIV is contraindicated or otherwise unsuitable offer QIVc</p>
<p>Aged 2 and 3 years on 31 August 2021. All primary school aged children and those in Year 7 to 11 (aged 4 to 15 on 31 August 2021)</p>	<p>Offer LAIV If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer QIVc</p>
<p>Those aged 18 to 64 (including at risk, pregnant women, and 50 to 64 year olds cohort)</p>	<p>Offer:</p> <ul style="list-style-type: none"> • QIVc or QIVr (the recombinant quadrivalent influenza vaccine) <ul style="list-style-type: none"> • Or offer QIVe (if QIVc or QIVr are not available)
<p>Those aged 65 years and over</p>	<p>Offer:</p> <ul style="list-style-type: none"> • aQIV • Or offer QIVc or QIVr if aQIV is not available <p>* It is recommended that aQIV is offered 'off-label' to those who become 65 before 31 March 2022</p>

Appendix 3: Avoiding risk of extra dosing of Influenza vaccine administration to patients

Standard Operating Procedure		East London  NHS Foundation Trust	
SOP Number : 01	Date written: 05.10.2020	Date for Review: June 2022	
Written By	Charity Okoli	Authorised By	Andrea Okoloekwe
Title: Avoiding risk of extra dosing of Influenza vaccine administration to patients			

Introduction:

It was observed that during the Influenza immunisation programme in 2019/20, there were few incidents where patients were administered flu vaccine twice, one dose given by ELFT and another dose was mistakenly administered in the primary care due to inadequate communication or checking. This flu season 2020/21, considering that the NHS England/Public Health has introduced an extended flu programme and many healthcare providers are being involved in influenza immunisation, the possibility of this risk of double dosing is more likely. Hence, the aim of this Standard Operating procedure (SOP) is to help avoid the risk of extra dosing of influenza vaccine to any eligible patients who have already been vaccinated by ELFT.

The process in place in order to avoid this risk comprise the following two steps:

1. Robust check on admission of patients to ELFT to see if vaccine had been given prior admission
2. Proper communication to the Primary Care (GPs) on discharge of patients from ELFT to notify Flu vaccine had been administered while under the care of ELFT

On admission of patients to ELFT

- During working hours Monday to Friday 9am to 5pm: Pharmacists will as part of medicines reconciliation check for prior administration of flu vaccine at GP or community pharmacy, this may consist of the following actions
 - Ask the patient where possible or check with family/carers
 - Check with the patient's GP
 - Contact the patients named community pharmacist
 - Check on Summary Care Record (SCR) if up to date
 - Contact the PCN/GP practice-based Pharmacist
- Out of hours, this responsibility falls to the clerking prescriber.
- Document on patient's electronic notes in RIO

At discharge of patients from ELFT

- Prescribers must add information on flu vaccination to the discharge notification letter.
- Pharmacists will check this information prior to validation of the Discharge Liaison Form (DLF or NODF).
- Pharmacists will email the GP practices/PCN pharmacists/Flu lead using information on links below for the GPs

Link for GP

1.



Newham GP Flu
lead contacts.xlsx

2.



Tower Hamlets
Generic Practice Flu

3. City & Hackney



City and Hackney
PCNs - pharmacist coi

Send email or contact the patient's GP using the available contacts list above.

4. Luton & Bedfordshire

To send email or contact the patient's GP using available contacts in patient's electronic record or information available with the local team or advice given by the Lead/Clinical lead pharmacists

Appendix 4: Record of patients administered flu vaccine, and it was not immediately possible to upload data on NIVS.

Note: Please this is ONLY on exceptional circumstances and the data must be uploaded on NIVS within 48 hours. See section 8 for more information.

The Spreadsheet Template for later upload onto NIV



PATIENTS
ADMINISTERED FLU