Administration
PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Clinical Condition	
Indication	Inactivated influenza vaccine is indicated for the active immunisation of individuals for the prevention of influenza infection, in accordance with the national immunisation programme and recommendations given in Chapter 19 of the Immunisation Against Infectious Disease: "The Green Book", the annual flu letter and subsequent correspondence/publications from PHE and/or NHS England.
Inclusion criteria	**This PGD includes vaccination of individuals across the national immunisation programme. Users of this PGD should note that where they are commissioned to immunise certain groups this PGD does not constitute permission to offer influenza immunisation beyond the groups they are commissioned to immunise.** 1) Aged 65 years or over (on or before 31 March 2019) 2) Pregnant women 3) People with a serious long-term medical condition for example Asthma requiring regular steroids, COPD, emphysema or bronchitis; all types of diabetes; chronic heart disease such as heart failure; chronic kidney disease at stage 3, 4 or 5; chronic liver disease, chronic neurological disease such as Parkinson's disease or motor neurone disease; a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment).This list contains examples and is not exhaustive. 4) 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. NB this excludes prisons, young offender institutions, or university halls of residence. 5) People who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill. 6) Children eligible for vaccination as part of the current DoH Influenza programme but in whom Fluenz Tetra® is contraindicated. Excludes immunosuppressed children (please use PSD). 7) Healthcare workers with direct patient/client contact 8) Teachers at special schools attended by Immunisation Team for the purpose of vaccinating school children. 9) Morbidly obese individuals (BMI 40+)
Exclusion criteria If any of the following apply the PGD CANNOT be used and the patient must be referred to a prescriber	Under 16 years of age (except for children in (6) above). Individuals with confirmed anaphylaxis to a previous dose of the vaccine or any excipient except egg (list available in the SPC of vaccine you are using). Individuals with prior severe anaphylactic reaction to egg requiring Intensive Care.

INFLUENZA VACCINE

	Children for whom LAIV is not contraindicated Those who have a fever or acute systemic illness - immunisation should be postponed until they have fully recovered. Minor illnesses without fever or systemic upset are not valid reasons to postpone. The clinical needs of the following groups should be considered on an individual basis by a **prescriber** and can be given under a **Patient Specific Direction (PSD)**. household contacts of immunocompromised individuals Individuals with multiple sclerosis and related conditions Individuals with cerebral palsy or severe neurological disability Individuals with hereditary and degenerative diseases of the central nervous system Individuals with other underlying disease that could be exacerbated by influenza
Cautions	For individuals with a bleeding disorder, vaccines normally given by an intramuscular route should be given by deep subcutaneous injection to reduce the risk of bleeding (see "The Green Book" Chapter 4). Please note, in this context, bleeding disorder does not mean individuals on aspirin or therapeutically controlled warfarin management. These people may develop a haematoma at the injection site. **Egg Allergy :** With the exception of those individuals with a severe anaphylaxis to egg which has previously required intensive care (see Exclusions) patients with less severe egg allergy can be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for 0.5 ml dose). In 2018/19 avoid vaccines from Mylan, Pfizer & Seqirus for these patients as they contain more than 0.12µg/ml ovalbumin. Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. **Listing under exclusions does not necessarily mean the vaccine is contra-indicated but that it falls outside the remit of this PGD and may require a PSD from a prescriber.**
Seek further advice and document advice and action	If you are not sure that the patient requires an influenza immunisation according to the inclusion criteria then a prescriber will need to make the clinical decision on eligibility and it should then be given under a Patient Specific Direction.
Action if patient declines or is excluded	For egg allergy (prior ITU) immunisation in hospital will be required. For other issues document advice given and inform or refer to GP

INFLUENZA VACCINE

Further information	There is no evidence of risk from vaccinating pregnant women, or those who are breast-feeding, with inactivated viral or bacterial vaccines or toxoids. The vaccine contains inactivated strains of influenza virus types which are thought to be likely to be currently circulating. Fluarix Tetra®▼ and Fluenz Tetra® are different products with similar names. The former (only) is covered by this PGD. This years vaccines are a mixture of quadrivalent and trivalent please ensure you are familiar with which are which and be aware that Mylan have both types of product available.
Drug Details	
Name, form & strength of medicine	Inactivated Influenza Injections in pre-filled syringe prepared for the current flu season eg. Fluarix Tetra® as referenced in the annual flu letter for England. Shake well before use: vaccines are interchangeable. For children who cannot have Fluenz Tetra® (Section 6 Inclusion criteria) Fluarix Tetra® should be first choice. Fluad® should be used in all vaccinations of the 65 and over age group where possible. It is considered both the most effective and the most cost effective option. A quadrivalent vaccine should be offered to eligible 18 to under 65s. This PGD **does not cover** Fluenz Tetra ®▼
Route/Method	By intramuscular injection into upper arm. Can be given at the same time as other vaccines but the vaccines should be at separate sites (at least 2.5cm apart) preferably in a different limb. Shake and inspect the vaccine before use. *For individuals with a bleeding disorder, vaccines normally given by an intramuscular route should be given (off license) by deep subcutaneous injection to reduce the risk of bleeding. Please note, in this context, bleeding disorder does not mean individuals on aspirin or therapeutically controlled warfarin management.*
Off label Use	Administration of Fluarix Tetra ▼ by deep subcutaneous injection to patients with a bleeding disorder is off-label administration in line with advice in "The Green Book". Such administration is permissible under this PGD. **Note:** Different influenza vaccines are licensed from different ages and should be administered within their licence when working to this PGD. Refer to products Summary of Product Characteristics (SPC) at www.medicines.org.uk and the list of the influenza vaccines available in the UK for 2018-2019 (in the DoH Annual flu letter)

Administration
PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE

Dosage	All Individuals 36 months and above 0.5ml. Single dose in all except children who have not previously been vaccinated against influenza, where a second dose should be given after an interval of no less than 4 weeks.
Side effects	Issue manufacturer's PIL. Pain, swelling or redness at the injection site. Low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are commonly reported. Side-effects usually disappear within 1-2 days without treatment. Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur. A full list of possible reactions is in the SPC for the vaccine you are using. All severe suspected reactions should be reported to the MHRA using the Yellow Card scheme.
Advice to patient/carer	The vaccine takes 14 days to reach protective levels and lasts up to 12 months. Give advice on the control of fever. It is **not** recommended to use paracetamol or ibuprofen to prevent fever since this may lower response to vaccine. Patients should be advised that many other organisms cause respiratory infections similar to influenza during the influenza season, eg the common cold and respiratory syncytial virus. Influenza vaccine will not protect against these diseases. Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the influenza vaccination of their household contacts. Inform individual/parent/carer of possible side effects and their management. The individual/parent/carer should be advised to seek medical advice in the event of an adverse reaction. When applicable, advise individual/parent/carer when a subsequent vaccine dose is due. When administration is postponed advise the individual/parent/carer when to return for vaccination.
Additional information	Immediate access to adrenaline (epinephrine) 1 in 1000 injection and access to a telephone is required at all times when administering flu vaccines.

INFLUENZA VACCINE

Staff Characteristics	
Professional qualification	Nurses on the NMC Register. Paramedics on the Health & Care Professions Council (HCPC) register.
Specialist competencies or qualifications	Has access to the Department of Health green book/website Immunisation against infectious diseases' and is aware of latest CMO guidance. Familiar with CL-094 Trust Immunisation policy and procedures and is trained in the management of anaphylaxis. Has undertaken appropriate training, for working under PGDs within this trust and that this is documented.
Continuing education & training	It is the responsibility of the individual to keep up-to-date with clinical developments as part of their continued professional development.
Referral Arrangements and Audit Trail	
Records/audit trail	Patient's name, address, date of birth. Dose administered, batch details, injection site/s and expiry date should be noted in the patient's record (electronic or otherwise). Advice given to patient (including side effects). Signature/name of staff who gave the injection. Details of any adverse drug reaction and actions taken including documentation in the medical record if available.
References/Resources and comments	BNF and SPC. Immunisation against infectious diseases. The current DoH Influenza Immunisation Programme and Annual Flu Letter. Internal Trust policy CL-094 (see competencies). **Do not rely on this PGD as your ONLY source of information regarding these vaccines as it is not, and can never be, exhaustive. You must have a good working knowledge of the above documents.**
Clinical Authorisation	
Lead Doctor	Dr John Devapriam, Medical Director Signature: [signature] Date: 13/9/18
Lead Pharmacist	Dr Alex Johnson, Senior Pharmacist Prescribing Support Signature: [signature] Date: 12-9-18
Organisational Authorisation	
On behalf of WHCT	Michelle Clarke, Director Nursing & Quality Signature: [signature] Date: 13.9.18.

Administration
PATIENT GROUP DIRECTION (PGD) FOR

INFLUENZA VACCINE

Individual Authorisation

PGDs DO NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation. Authorising managers should be sure that staff signed up to use the PGD have the necessary competence, training and knowledge to apply it.

I have read and understood the Patient Group Direction and agree to supply/administer this medicine only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply it.

Name of Professional	Signature	Authorising Manager	Date