

Inactivated Influenza Vaccine National Protocol

Reference no: Inactivated Influenza Vaccine
ProtocolVersion no: v03.1
Valid from: 22 September 2022
Review date: 31 March 2023
Expiry date: 31 March 2023

1. About the National Protocol

This protocol is for the supply and administration of Inactivated Influenza Vaccine to individuals in accordance with the national influenza vaccination programme. This protocol only allows supply and administration during or in anticipation of the COVID-19 pandemic where the disease represents a serious risk or potentially serious risk to human health.

This protocol is for the supply and administration of Inactivated Influenza Vaccine by appropriately trained persons in accordance with [Regulation 247A](#) of the [Human Medicines Regulation 2012](#), as inserted by [The Human Medicines \(Coronavirus and Influenza\) \(Amendment\) Regulations 2020](#)

The Scottish Government has developed this protocol which has been approved by the Scottish Ministers to facilitate the delivery of the national influenza vaccination programme by Health Boards in Scotland and any organisation a Health Board makes arrangements with to deliver such services on its behalf, referred to as “the provider”. Please note that in the context of this protocol, “the provider” means:

- (a) a Health Board,
- (b) a Health Board working with Armed Forces staff where Armed Forces staff are working in Health Board settings, or
- (c) an organisation delivering services on behalf of a Health Board.

This protocol may be followed wholly from patient assessment through to post-vaccination by a single person. Alternatively, obtaining consent and patient assessment may be undertaken by a registered healthcare professional with the process of administration undertaken by a non-registered professional or a non-registered Armed Forces staff member under clinical supervision.

Where multiple person models are used the provider must ensure that all elements of the protocol are complied with in the provision of the vaccination to each patient.

The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are authorised to provide under this protocol. As a minimum, competence requirements stipulated in the protocol under ‘Characteristics of staff’ must be adhered to.

The provider must identify a clinical supervisor who has overall responsibility for provision of vaccinations under the protocol at all times. This includes overall responsibility for the activities of any Armed Forces staff working under the protocol.

The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the protocol and provide clinical supervision for the overall provision of clinical care provided under the protocol.

The clinical supervisor must be identifiable to service users. Whenever the protocol is used, the name of the clinical supervisor taking responsibility and all of the people working under different activity stages of the protocol must be recorded for the session using the schedule in Annex C or maintaining an equivalent electronic record. The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the protocol. Persons working under the protocol may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Persons working to the protocol must understand who the clinical supervisor for their practice is at any time and can only work under their authority. The clinical supervisor may withdraw this authority for all persons or individual persons at any time and has authority to stop and start service provision under the protocol as necessary. All members of staff have a responsibility to, and should, report immediately to the clinical supervisor any concerns they have about working under the protocol in general or about a specific individual, process, issue or event.

Individual practitioners must be designated by name to work to this protocol. Individuals working in accordance with this protocol must ensure they meet the staff characteristics for the activity they are undertaking, make a declaration of competence and be authorised in writing by the provider. This can be done by completing Annex B of this protocol or maintaining an equivalent electronic record.

It is a Health Board's responsibility to adhere to this protocol. Where the Health Board is not the provider, it is the Health Board's responsibility to ensure that the provider adheres to this protocol. The final authorized copy of this protocol should be kept, by Health Boards for 8 years after the protocol expires. Providers adopting authorised versions of this protocol should also retain copies, along with the details of those authorised to work under it, for 8 years after the protocol expires.

Providers must check that they are using the current version of this protocol. Amendments may become necessary prior to the published expiry date. Current versions of protocols authorised by the Scottish Ministers in accordance with regulation 247A of the Human Medicines Regulations 2012 can be found on the Scottish Government website: TBC


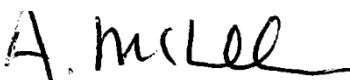

Any concerns regarding the content of this protocol should be addressed to:
VaccinationsDelivery@gov.scot

2. Approval and Clinical Authorisation

This protocol is not legally valid, in accordance with [regulation 247A](#) of [Human Medicines Regulation 2012](#), as inserted by [The Human Medicines \(Coronavirus and Influenza\) \(Amendment\) Regulations 2020](#), until approved by the Scottish Ministers.

On 21 October 2021 the Scottish Ministers, approved this protocol in accordance with [regulation 247A](#) of Human Medicines Regulation 2012. Approval of clinical information in Annex A is via the Scottish Government Chief Medical Officer, Chief Pharmaceutical Officer and Deputy Chief Nursing Officer for the delivery of the national influenza vaccination programme, with defined limitations to authorisation that may be updated from time to time as may be required.

Authorised for use by the following organisations and/or services
All Health Boards in Scotland, and organisations Health Boards make arrangements with to deliver services on their behalf.
Limitations to authorisation
This authorisation applies to the supply and administration of the vaccine(s) only under the conditions set out in the authorisation for supply or license set out by the Medicines and Healthcare products Regulatory Agency.

Clinical authorisation			
Role	Name	Sign	Date
CMO	Gregor Smith		30 September 2022
CNO	Alex McMahon		30 September 2022
CPO	Alison Strath		30 September 2022

It is Health Boards' responsibility to ensure they and any organisations they make arrangements with to deliver services on their behalf operate the specified vaccination services in accordance with the protocol. Any provider administering Inactivated Influenza Vaccine under protocol must work strictly within the terms of this protocol.

The national influenza vaccination programme may also be provided under patient group direction, under written instruction for supply and administration in the course of an occupational health scheme, or on a patient specific basis, by or on the directions of an appropriate prescriber. Supply and administration in these instances are not related to this protocol.

3. Change history

Version number	Change details	Date
V01.00	New protocol for Inactivated Influenza Vaccine	24 August 2021
V02.00	Updated protocol to add Military General Duties Vaccinators	14 October 2021
V02.10	Clinical annex updated	24 November 2021
V03.0	Protocol and clinical annex updated for 2022/23 season	05 August 2022
V03.1	Clinical annex updated	22 September 2022

4. Characteristics of staff

The provider is responsible for the designation and authorisation of persons within the classes set out below permitted to administer medicinal products under this protocol. In doing so the provider must establish that those persons:

- a) demonstrate appropriate knowledge and skills to work under the National Protocol for the supply/administration of Inactivated Influenza Vaccine.
- b) have met the requirements of the relevant NES Vaccination Proficiency document as appropriate at <https://learn.nes.nhs.scot/14743/immunisation/seasonal-flu>

Classes of persons permitted to administer medicinal products under this protocol

This protocol may be adhered to wholly from assessment through to post-vaccination by a single appropriately specified registered healthcare professional. Alternatively, multiple persons may undertake specific activity stages in the vaccination pathway in accordance with this protocol.

Activity stages of the vaccination pathway under this protocol

Stage 1	<ul style="list-style-type: none"> a. Assessment of the individual presenting for vaccination b. Provide information and obtain informed consent c. Provide advice to the individual 	Registered Healthcare Professionals Only
Stage 2	<ul style="list-style-type: none"> •Vaccine Preparation 	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 3	<ul style="list-style-type: none"> •Vaccine Administration 	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 4	<ul style="list-style-type: none"> •Record Keeping 	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

Providers are responsible for assessing the competency of, designating and recording the names of all those persons permitted to supply and administer under this protocol.

The following specified registered healthcare professionals are permitted to administer under the protocol subject to the requirements set out below:

- Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC).
- Pharmacists currently registered with the General Pharmaceutical Council (GPhC).
- Chiropodists/podiatrists, dieticians, occupational therapists, operating department practitioners, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC).
- Dental hygienists and dental therapists registered with the General Dental Council.
- Optometrists registered with the General Optical Council.
- Doctors currently registered with General Medical Council.
- Dentists currently registered with General Dental Council.

The following professionals (who are in the main non-registered) are permitted to administer under the protocol with appropriate supervision as set out below, subject to the requirements set out below

- Healthcare support workers.
- Pharmacy technicians, provisionally registered pharmacists, pre-registration pharmacists and other pharmacy support practitioners.
- Retired clinical practitioners such as doctors, dentists, pharmacists, nurses, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, pharmacy technicians, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered.
- Student doctors, dentists, pharmacists, nurses, midwives, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered.
- Healthcare Scientists.

- Dental nurses.
- Physician's assistants.

The following non-registered Armed Forces staff are permitted to administer under the protocol with appropriate supervision as set out below, subject to the requirements set out below:

- Combat Medical Technician – Class 1,2 &3 (CMT)
- Royal Navy Medical Assistant (RN MA)
- Royal Air Forces Medic
- Defence Medic
- Healthcare Assistant (HCA)
- Military General Duties Vaccinators

Requirements

All those working under this protocol must have undertaken training, be assessed as competent and receive supervision appropriate to the stage of activity they are undertaking. Where multiple person models are used, the provider must ensure that all elements of the protocol are complied with in the provision of vaccination to each individual. The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are employed to provide under this protocol. As a minimum, competence requirements stipulated in the protocol must be adhered to.

All persons must be designated by name by the provider as an approved person under the current terms of this protocol before working to it, and listed on the practitioner authorisation sheet in Annex B. All staff listed on the sheet will be covered by NHS indemnity extended by the Health Board who is responsible for the influenza vaccination programme in that locality. Protocols do not remove inherent obligations or accountability.

All practitioners operating under this protocol must work within their terms of employment at all times; registered healthcare professionals should also abide by their professional code of conduct.

There are three underpinning principles to which every person undertaking activities under the remit of this protocol must adhere

1. Training

- They must have undertaken training appropriate to this protocol and relevant to their role, as required by local policy and health board standard operating procedures and in line with the training recommendations for influenza vaccinators.
- They must have met the requirements set out in the relevant NES Vaccination Proficiency document.

2. Competency

- Those providing clinical supervision to those administering the vaccine must be competent to assess individuals for suitability for vaccination, identify any contraindications/exclusions or precautions, discuss issues related to vaccination and obtain informed consent from the individuals being vaccinated.
- All persons must either be an appropriate prescriber or one of above noted registered professionals. Those that are not registered professionals, and those returning to immunisation after a prolonged interval (more than 12 months), should be assessed

and signed off as meeting the requirements of the relevant NES Vaccination Proficiency document. They should be observed administering the vaccine until both they, and their supervisor or trainer, feel confident that they have the necessary knowledge and skills to administer vaccines safely and competently.

- Experienced vaccinators should use the relevant NES Vaccination Proficiency document to self-assess that they are able to meet all the competencies listed and confirm that they have the knowledge and skills necessary to administer inactivated influenza vaccine. They must have completed local IPC training and comply with the vaccination guidance.

In addition and where indicated as relevant to the role:

- They must be familiar with the vaccine product and alert to any changes in the manufacturers summary of product characteristics (SPC) and familiar with the national recommendations for the use of this vaccine.
- They must be familiar with, and alert to changes in relevant chapters of Immunisation Against Infectious Disease: the Green Book [Influenza: the green book, chapter 19 - GOV.UK \(www.gov.uk\)](http://www.gov.uk).
- They must be familiar with, and alert to changes in the relevant provider's standard operating procedures (SOPs) and provider's arrangements for the national influenza vaccination programme
- They must be competent in the correct handling and storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine.
- They must be competent in the recognition and management of anaphylaxis, have completed basic life support training and be able to respond appropriately to immediate adverse reactions.
- They must have access to the provider's protocols and relevant influenza vaccination programme online resources.
- They must be competent in intramuscular injection technique if they are administering the vaccine, this should include a practical element.
- For those preparing the vaccine, they must be competent in the handling of the vaccine product and use of the correct technique for drawing up the correct dose.
- For those in record keeping roles, they must understand the importance of making sure vaccine information is recorded on the vaccination management app.
- They should fulfil any additional requirements defined by local policies developed in accordance with any national guidance.

3. Supervision

- A period of supervised practice to allow observation of, and development of skills in vaccine administration and application of knowledge to practice is essential. Supervision for new immunisers and support for all immunisers is critical to the safe and successful delivery of the influenza immunisation programme.
- Non-registered professionals and non-registered Armed Forces staff must be supervised and supported by a registered healthcare professional at all times.
- The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the protocol and provide clinical supervision for the overall provision of clinical care provided under the protocol.

5. Clinical condition or situation to which this Protocol applies

Inactivated Influenza Vaccine is indicated for active immunisation against disease caused by influenza virus in accordance with Scottish Government influenza immunisation programme and recommendations given in Chapter 19 of the Immunisation Against Infectious Disease: the 'Green Book' [Influenza: the green book, chapter 19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61222/influenza-the-green-book-chapter-19.pdf) and Scottish Government CMO letters relating to influenza vaccination.

ANNEX A: Clinical Information

This Annex provides information about the clinical situation or condition and treatment in relation to the National Protocol.

Annex Version History

Version	Date	Summary of changes
1.0	24 August 2021	Version 1.0 new Annex A
2.1	24 November 2021	The following changes have been made: Various sections updated to include Recombinant quadrivalent influenza vaccine ▼ (QIVr) (Sanofi Pasteur)
3.0	05 August 2022	New Annex A for 2022/23 season. The following changes from the clinical annex used in 2021-22 have been made: <ul style="list-style-type: none">• Removal of Recombinant quadrivalent influenza vaccine ▼ (QIVr) (Sanofi Pasteur) throughout• Indication section updated for dates for 2022-23 season• Inclusion criteria section updated to include cohorts eligible in 2022-23 season• Name of medicine section updated to reflect vaccines procured for 2022-23 programme• Use outwith SPC section updated for dates for 2022-23 season• Advice to patient section updated to remove advice about COVID-19
3.1	22 September 2022	<ul style="list-style-type: none">• Exclusions section updated adding an exclusion for those who have received Nuvaxovid (Novavax) COVID-19 vaccine in the previous 7 days.• Name of medicine section (eligible group and current recommended vaccines) updated to include vaccine recommendation for those aged six months to less than two years and known to be allergic to eggs).• Route of administration section updated to align with wording in Green Book chapter 19• Frequency section updated to align with wording in Green Book chapter 19• Is use outwith SmPC section updated to include vaccine recommendation for those aged six months to less than two years and known to be allergic to

		<p>eggs).</p> <ul style="list-style-type: none">• Additional information section updated to include information about co-administration with shingles vaccines.
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1. Clinical condition or situation to which this Protocol applies

Category	Description
<p>Inclusion criteria</p>	<p>Influenza vaccine should be offered to individuals defined as eligible in accordance with Scottish Government’s seasonal influenza vaccination programme 2022-23 as set out in Scottish Government seasonal influenza immunisation programme letter. This includes:</p> <p>Individuals aged 65 years or above on 31 March 2023</p> <p>Individuals aged 50 years to 64 years on 31 March 2023</p> <p>Individuals aged six months to under 50 years in clinical risk groups identified in Annex A of the Scottish Government seasonal influenza immunisation programme letter</p> <p>Pregnant women at any stage of pregnancy (first, second or third trimester), irrespective if received influenza vaccine in a previous pregnancy</p> <p>Individuals in whom live attenuated intranasal influenza vaccine is not suitable</p> <p>Adult household contacts of immunosuppressed individuals</p> <p>Individuals with an underlying disease where the risk from influenza infection may exacerbate their condition or result in serious illness from influenza itself.</p> <p>Those 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 university halls of residence etc.)</p> <p>Those who are in receipt of carer’s allowance or unpaid carers and young carers, defined as, someone who, without payment provides help and support to a partner, child,</p>

Category	Description
	<p>relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult.</p> <p>Health care workers who are in direct contact with patients and service users.</p> <p>Social care workers who provide direct personal care in the following settings: residential care for adults; children’s residential and secure care for children; or community care for persons at home including housing support and personal assistants</p> <p>NHS Independent contractors and support staff (GP, dental, optometry practices, community pharmacies and Non-NHS laboratory staff (if working on COVID-19 testing) and support staff.</p> <p>Nursery, Primary and Secondary School Teachers and support staff</p> <p>Prison population</p> <p>Prison officers/support staff delivering direct detention services</p> <p>Valid consent has been given to receive the vaccine.</p>
Exclusion criteria	<p>Individuals who:</p> <p>Are aged under 6 months.</p> <p>Have had a confirmed anaphylactic reaction to a previous dose of influenzavaccine.</p> <p>Have had a confirmed anaphylactic reaction to any component of influenza vaccine. Different brands may contain traces of neomycin, gentamicin, kanamycin, polymixin B, formaldehyde and other excipients –practitioners must check the marketing authorisation holder’s SPC for the particular brand.</p> <p>Have a history of confirmed anaphylactic reaction to eggs/egg product or chicken proteins such as ovalbumin where vaccine was produced using eggs.</p> <p>Have a history of severe (i.e. anaphylactic) reaction to latex where vaccine is not latex free.</p>

Category	Description
	<p>Are suffering from an acute febrile illness (the presence of a minor infection is not a contraindication for immunisation).</p> <p>Have had Nuvaxovid (Novavax COVID-19 vaccine recombinant, adjuvanted) in the previous 7 days</p> <p>Some influenza vaccines (inactivated) are restricted to use in particular age groups. Practitioners must be familiar with and refer to the marketing authorisation holder's SPC for the particular brand when administering vaccines:</p> <ul style="list-style-type: none"> • Adjuvanted quadrivalent influenza vaccine ▼ (aQIV) (Seqirus vaccines) is licensed from 65 years • Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines) is licensed from age 2 years • Quadrivalent influenza vaccine (Sanofi Pasteur) (egg grown QIV) (QIVe) is licensed from 6 months
<p>Cautions/ need for further advice/ circumstances when further advice should be sought from a doctor</p>	<p>The Green Book advises that there are very few individuals who cannot receive inactivated influenza vaccine. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation coordinator or health protection team.</p> <p>The presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be balanced against the risk of the preventable infection, and vaccination should be promptly given once the diagnosis and/or the expected course of the condition becomes clear.</p> <p>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.</p>

<p>Action if excluded</p>	<p>Specialist advice must be sought on the vaccine and circumstances under which it could be given as immunisation using a patient specific direction may be indicated. The risk to the individual not being immunized must be taken into account.</p> <p>Document the reason for exclusion and any action taken in accordance with local procedures.</p> <p>Inform or refer to the clinician in charge.</p> <p>In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated and ensure another appointment is arranged</p>
<p>Action if patient declines</p>	<p>Advise the individual about the protective effects of the vaccine, the risks of infection and potential complications of disease.</p> <p>Advise how future immunisation may be accessed if they subsequently decide to receive the vaccine.</p> <p>Document advice given and decision reached.</p> <p>Inform or refer to the clinician in charge.</p>

2. Description of treatment

Category	Description		
Name of medicine	Inactivated influenza vaccine suspension, including: <ul style="list-style-type: none"> • adjuvanted quadrivalent influenza vaccine ▼ (aQIV) (Seqirus vaccines) • cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines) • egg-grown quadrivalent influenza vaccine (QIVe) (Sanofi Pasteur) Table showing current recommended influenza vaccine for national programme		
		Eligible Group	Current recommended influenza vaccine for national programme
	6 months to less than 2 years	Offer Sanofi Pasteur Quadrivalent influenza vaccine (egg grown QIVe)	
	6 months to less than 2 years (known to be allergic to eggs)	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)	
	2 years to under 18 years (unsuitable for LAIV)	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)	
	Aged 18 years to under 50 years in clinical risk group	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)	
	Aged 50-64 years (including those who are 50 years old by 31 March 2023)	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)	

	Aged 65 years and over (including those 64 year olds who are 65 years old by 31 March 2023)	Offer Adjuvanted quadrivalent influenza vaccine ▼ (aQIV)
	Health and social care staff	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)
	Unpaid/young carers	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)
	Nursery, Primary and secondary School Teachers and support staff	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)
	Independent contractors	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)

	Prison population and Prison officers	Offer Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines)
Form/strength	Suspension for injection.	
Route of administration	<p>Administer by intramuscular injection.</p> <p>The preferred site for children older than 12 months or adults is deltoid area of upper arm. The preferred site for infants is anterolateral thigh.</p> <p>Adjuvanted quadrivalent influenza vaccine ▼ (aQIV) and cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines) must only be administered via the intramuscular route.</p> <p>There is a lack of evidence that the subcutaneous route of vaccination is any safer than the intramuscular route in people taking anticoagulants.</p> <p>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 (23 or 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 (23 or 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.</p> <p>The vaccine should be visually inspected for particulate matter and discolouration prior to administration. In the event of any</p>	

	foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine.
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Dosage	0.5ml
Frequency	<p>Single dose.</p> <p>Children aged six months to less than nine years who are clinical risk groups and have not received influenza vaccine before should receive a second dose of vaccine at least four weeks later.</p> <p>Children aged six months to less than nine years who are not in clinical risk groups should be offered a single dose, even if they have not previously received influenza vaccine.</p>
Duration of treatment	See above
Maximum or minimum treatment period	See above
Quantity to supply/administer	See above
▼ black triangle medicines	<p>Yes, the following vaccines are ▼</p> <p>Cell-based quadrivalent influenza vaccine ▼ (QIVc) (Seqirus vaccines),</p> <p>Adjuvanted quadrivalent influenza vaccine ▼ (aQIV) (Seqirus vaccines)</p> <p>This information was accurate at the time of writing. See product SmPCs at www.medicines.org.uk for indication of current black triangle status.</p>
Legal category	Prescription Only Medicine (POM)

<p>Is the use out with the SPC?</p>	<p>Yes</p> <p>Adjuvanted quadrivalent influenza vaccine ▼ (aQIV) is licensed for administration to individuals aged 65 years and over. It may be administered under this protocol to those people who are 64 years old at the point of immunisation but are 65 years by 31 March 2023 in accordance with the Scottish Government seasonal influenza immunisation programme 2022/23.</p> <p>Cell-based quadrivalent influenza vaccine ▼ (QIVc) is licensed for administration from age two years. It may be administered under this PGD to those aged six months to less than two years who are known to be allergic to eggs in accordance with recommendations in Green Book Chapter 19</p> <p>Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.</p> <p>Vaccine should be stored according to the conditions detailed below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS board guidance on storage and handling of vaccines or vaccine incident guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this protocol is allowed.</p>
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<p>Storage requirements</p>	<p>Vaccine should be stored at a temperature of +2° to +8°C.</p> <p>Store in the original packaging to protect from light.</p> <p>Do not freeze.</p> <p>NHS board guidance on storage and handling of vaccines should be observed.</p> <p>In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal.</p>
<p>Additional information</p>	<p>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.</p> <p>Inactivated influenza vaccines can be given at the same time as other vaccines, including COVID-19 vaccines other than Novavax COVID-19 vaccine, which should be separated from administration of influenza vaccine by at least 7 days.</p> <p>Zostavax® can be given at the same time as inactivated influenza vaccination. Shingrix® can be given at the same time as inactivated influenza vaccine. Because of the absence of data on co-administration of Shingrix® vaccine with adjuvanted influenza vaccine (aQIV), it should not be routine to offer appointments to give this vaccine at the same time as the adjuvanted influenza vaccine. Based on current information, scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events. Where individuals attend requiring both vaccines, however, and require rapid protection or are considered likely to be lost to follow up, co-administration may still be considered.</p> <p>When administering at the same time as other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records</p>

3. Adverse reactions

Category	Description
<p>Warnings including possible adverse reactions and</p>	<p>Pain, swelling or redness at the injection site, low grade fever, malaise, shivering, fatigue, headache, aching muscles and joint pain are among the commonly reported symptoms after vaccination. A small painless nodule (induration) may also appear at the injection site. These symptoms usually disappear within one to two days without treatment.</p>
<p>management of these</p>	<p>For full details/information on possible side effects, refer to the marketing authorisation holder's SPC.</p> <p>As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available.</p> <p>In the event of a severe adverse reaction individual should be advised to seek medical advice.</p>
<p>Reporting procedure for adverse reactions</p>	<p>Healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on http://yellowcard.mhra.gov.uk/</p> <p>Any adverse reaction to a vaccine should be documented in accordance with locally agreed procedures in the individual's record and the individual's GP should be informed.</p>
<p>Advice to patient or carer including written information</p>	<p>Written information to be given to individual</p> <ul style="list-style-type: none"> • Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) provided with the vaccine. • Immunisation promotional material may be provided as appropriate <p>Individual advice / follow up treatment</p> <ul style="list-style-type: none"> • Inform the individual/carer of possible side effects and their management. • The individual should be advised to seek medical advice in the event of a severe adverse reaction.

	<ul style="list-style-type: none">• Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk• Give general advice relating to good hygiene practice to prevent the spread of germs – always have tissues to hand, use a clean tissue to cover your mouth and nose when you cough and/or sneeze, bin any tissue after one use, wash your hands with soap and hot water or a sanitiser gel often.• When applicable, advise individual/parent/carer when the subsequent dose is due.
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Category	Description
Observation following vaccination	Following immunisation patients remain under observation in line with NHS board policy.
Follow up	As above
Additional facilities	A protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever vaccines are given. Immediate treatment should include early treatment with intramuscular adrenaline, with an early call for help and further IM adrenaline every 5 minutes. The health professionals overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of a patient with anaphylaxis.

4. Audit Trail/Records

Name	Description
Record/ audit trail	<p>Record:</p> <ul style="list-style-type: none"> • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of person that undertook assessment of individual's clinical suitability and subsequently administered the vaccine • name of person that administered the vaccine • name and brand of vaccine • date of administration

Name	Description
	<ul style="list-style-type: none"> • dose, form and route of administration of vaccine • batch number • where possible expiry date • anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • administered under national protocol <p>Records should be kept in line with local procedures.</p> <p>Local policy should be followed to encourage information sharing with the individual's General Practice.</p> <p>All records should be clear, legible and contemporaneous and in an easily retrievable format.</p>

5. References

Name	Description
<p>Additional references</p>	<p>Practitioners must be familiar with:</p> <ul style="list-style-type: none"> • Immuneisation against Infectious Disease [Green Book] • Immuneisation against Infectious Disease [Green Book] chapter 19 • Current edition of British National Formulary (BNF) and BNF for children • Marketing authorisation holder's Summary of Product Characteristics • Educational resources for registered professionals produced by National Education for Scotland

Name	Description
	<ul style="list-style-type: none"><li data-bbox="571 241 1382 315">• All relevant Scottish Government advice including the relevant CMO letter(s)<li data-bbox="571 344 1353 418">• <u>Professional Guidance on the Administration of Medicines in Healthcare Settings 2019</u><li data-bbox="571 448 1337 521">• <u>Professional Guidance on the Safe and Secure Handling of Medicines</u>

Appendix 1: Seasonal Influenza Vaccine Protocol 2022-23 - UK Licensed Influenza Vaccines

Manufacturer/supplier	Name of product	Vaccine type	Age indication	Ovalbumin content per 0.5ml dose	Latex Formaldehyde Other	Amino-glycosides
Astra Zeneca UK Ltd	Fluenz Tetra® LAIV	Quadrivalent live attenuated influenza vaccine – nasal spray suspension	From 24 months to less than 18 years of age	≤0.024 µg (0.2ml dose)	Latex free ¹ Contains gelatin (porcine) Formaldehyde free	Gentamicin ³
Sanofi Pasteur	Quadrivalent Influenza Vaccine QIVe	Standard egg grown quadrivalent influenza vaccine – split virion inactivated	From 6 months	≤0.05 µg	Latex free Risk of formaldehyde residue	Neomycin ²
Seqirus	Flucelvax Tetra® ▼ QIVc	Cell grown quadrivalent influenza vaccine – surface antigen inactivated prepared in cell cultures	From 2 years	Not applicable – egg free	Latex free ² Formaldehyde free	Not applicable
	Fluad Tetra® ▼ aQIV	Adjuvanted quadrivalent influenza vaccine – surface antigen, inactivated – adjuvanted with MF59C.1	From 65 years	≤1 µg	Latex free ² Risk of formaldehyde residue	Kanamycin ³ Neomycin ³

Notes

None of the influenza vaccines for the 2022 to 2023 season contain thiomersal as an added preservative.

1. No latex is present in the product but manufacturer is unable to confirm if latex has come into contact with the product during the manufacturing process.

2. None of the components of the 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 contains natural rubber latex.

[Chapter 6 of the Green Book](#) states it is theoretically possible that latex protein from these tip caps, plungers or vial stoppers may cause allergic reactions when the vaccines are administered to latex-sensitive individuals. There is little evidence that such a risk exists and any such risk would be extremely small. The Green Book chapter states as a precaution, if an individual has a history of severe (i.e. anaphylactic) allergy to latex, vaccines supplied in vials or syringes that contain latex should not be administered, unless the benefit of vaccination outweighs the risk of an allergic reaction to the vaccine. Where possible, an alternative latex-free vaccine that covers the same disease should be administered.

3. Cross sensitivity to aminoglycosides is common, assume potential reaction for all, if allergic response to one has been demonstrated.

Ovalbumin, latex and aminoglycoside content for vaccines are correct as at **29 July 2022**, however, these may be subject to change in manufacturing practice at any time.

Acknowledgement - this appendix has been produced based on a previous version produced by NHS Greater Glasgow and Clyde.

ANNEX B: Practitioner authorisation sheet

Inactivated Influenza Vaccine Protocol

Valid from: Expiry:

Before signing this Protocol, check that the document has had the necessary authorisations. Without these, this Protocol is not lawfully valid.

Practitioner

By signing this Protocol you are indicating that you agree to its contents and that you will work within it.

Protocols do not remove inherent professional obligations or accountability.

It is the responsibility of each practitioner to practise only within the bounds of their own competence and any appropriate professional code of conduct.

I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Person authorising on behalf of the Provider

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of insert name of organisation for the above named health care professionals who have signed the Protocol to work under it.			
Name	Designation	Signature	Date

Note to person authorising on behalf of Provider

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this Protocol.

ANNEX C: Clinical Supervision sheet

Inactivated Influenza Vaccine Protocol

Valid from: **Expiry:**

This sheet must record the name of the clinical supervisor taking responsibility and all of the people working under different activity stages of the protocol.

Activity stages of the vaccination pathway under this protocol:

Stage 1	a. Assessment of the individual presenting for vaccination b. Provide information and obtain informed consent c. Provide advice to the individual	Registered Healthcare Professionals Only
Stage 2	•Vaccine Preparation	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 3	•Vaccine Administration	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 4	•Record Keeping	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the protocol. Persons working under the protocol may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Before signing this Protocol, check that the document has had the necessary authorisations. Without these, this Protocol is not lawfully valid.

Clinical Supervisor

Name	Designation	Signature	Date

Practitioner(s) and Activity Stages

Name	Activity Stage(s)	Signature	Date

Note to Clinical Supervisor

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of clinical supervision arrangements for those working under this Protocol.