



WESSEX

Local Medical Committees
Incorporating Wessex LEaD

Flu Vaccinations – Top Tips

2018 - 2019

Sept 2018

Compiled By:

Helene Irvine – Nurse Adviser

Michelle Lombardi – Director of Primary Care

Wessex Local Medical Committees Ltd





1	Introduction	3
2	Background	3
3	Frequently Asked Questions	4
3.1	Claiming for vaccines	4
3.2	Coding	4
3.3	Delivery of Vaccines	5
3.4	Who is eligible to receive the vaccine?	5
3.5	Other Cohorts eligible for vaccination within the National Specifications	6
3.6	Which vaccines should be used?	6
3.7	What happens if there is not enough aTIV for your over 65s population?	7
3.8	What if you have no adjuvanted influenza vaccines (aTIV)?	7
3.9	How should the vaccines be stored and handled?	8
3.10	What if there is a vaccine storage incident, including cold chain issues?	8
3.11	PGDs	8
3.12	How is the injectable flu vaccine given?	9
3.13	Can you give the vaccine subcutaneously?	10
3.14	What about vaccination of patients taking anticoagulants or with a bleeding disorder?	10
3.15	What if you are unsure if a patient has already had a flu vaccination?	10
3.16	What about patients who have recently been diagnosed with the flu?	10
3.17	Pregnancy	10
3.18	What about patients who have an existing medical condition?	11
3.19	Childhood flu vaccination programme	11
3.20	Can the flu vaccine (LAIV) be given with other vaccines?	14
3.21	Practice Staff	14
4	Flow Chart - Which Flu Vaccine Should Children Have	15
5	Flow Chart - Seasonal flu vaccination programme 2018/19	16
6	Flow Charts - Flu Immunisation coding	17
7	Useful Websites / Resources	20



1. Introduction

The LMC recognises the conflicting advice that has been issued about which influenza vaccines practices should be using. The details included in this pack have now been released by NHS England and should be considered as the definitive advice.

The aim must be to use the most effective vaccine for the population.

1. The adjuvanted trivalent vaccine (aTIV) should be used for all patients aged 65 and over. This is the most effective vaccine for this age group.

2. The quadrivalent vaccine (QIV) – This is recommended for children aged from 6 months to 2 years and in adults from 18 years to less than 65 years of age who are at increased risk from flu because of a long-term health condition.

We have put together a comprehensive list of common questions with answers adapted and taken directly from the NHS and Public Health web pages [Governments publication for 2018/19](#). For additional information please refer to this document. We have also added links to some useful websites.

You can sign up to receive regular [vaccine updates](#) to the Governments flu vaccination programme by clicking on this link.

2. Background

There are three types of influenza viruses which affect humans: types A, B and C.

Types A and B are responsible for most disease. Influenza is spread by droplets, aerosol or through direct contact with the respiratory secretions of someone with the infection.

For otherwise healthy individuals, it is usually a mild self-limiting disease with recovery occurring within two to seven days. Further information on influenza infection is included in the Green Book chapter on Influenza.

3. Frequently Asked Questions

3.1 Claiming for vaccines

Vaccination of eligible individuals can commence as soon as the recommended vaccine is available, the process should be completed by the end of November. However, eligible patients can be offered influenza vaccine at any point in the flu season and the enhanced service specification for flu includes payment for vaccines given up until 31 March 2019. Please see the following:

- [Seasonal influenza and pneumococcal polysaccharide vaccination programme 2018/19](#)
- [Childhood seasonal influenza vaccination programme 2018/19](#)
- [Seasonal influenza vaccination programme for health and social care workers 2018/19](#)

There has been concern about the funding for these vaccines which are more expensive than other vaccines that have been available. NHS England have confirmed additional funding has been made available to ensure practices can deliver these vaccines to their registered population.

3.2 Coding

Please click [here](#) to for the codes required to records flu vaccinations given. Flowchart summaries are also included on pages 16, 17 and 18 of this document.

For the coding of health and social care staff (nursing home workers) the SNOMED codes are not recognised by clinical systems and these codes will not be in place until the end of October.

Therefore, the claim for September activity will not be possible until the end of October, when the Read/CTV codes become available.

We therefore recommend that Practices keep a record of their patients vaccinated under this enhanced service, to enable easier retrospective coding when the codes become available. Please do not use the 90X4. Read code for these patients as they will then be included in the automated extraction for the separate Seasonal Influenza Vaccination Programme 2018 -19.

So, in summary –

- Hold a list of your HCW patients registered with you that you have vaccinated
- Code these patients when the codes are available – **DO NOT code 90X4**
- When the codes are available please then code them to date on your clinical system and manually submit onto CQRS for payment

- From when the codes are available you may code on your system as normal ready for your search of them each month for you to manually enter onto CQRS.

3.3 Delivery of vaccines

During the 2018/19 season, adjuvanted influenza vaccine (aTIV) will be delivered to providers using a phased delivery system with orders expected to be delivered in a 40:20:40 ratio (Sept/Oct/Nov).

All influenza vaccines for children aged 6 months to less than 18 years are purchased centrally by Public Health England and should be ordered via ImmForm.

This includes the live attenuated quadrivalent vaccine (LAIV) and inactivated vaccines for children for whom the LAIV is medically contraindicated or otherwise unsuitable.

Availability of vaccines – update:

If you are a provider of flu vaccination for children through general practice or the schools programme in England, please take some time to read the information contained in this [link](#).

3.4 Who is eligible to receive the vaccine?

Influenza can affect anyone. The following groups have a higher risk of developing severe disease or complications such as bronchitis or secondary bacterial pneumonia, or otitis media in children and are eligible for a flu vaccine:

- people over 65 years of age (including those becoming 65 years by 31st March 2019)
- people with underlying health conditions
- pregnant women and
- children under six months of age have a higher risk

For the 2018/19 season, patients aged **six months to less than 65 years** of age **with** the following underlying health conditions are eligible to receive influenza vaccine:

- 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, or 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 40 and above)

3.5 Other Cohorts eligible for vaccination within the National Specifications

- All pregnant women, including those who become pregnant during the delivery of the influenza programme, are eligible to receive influenza vaccine at any stage of pregnancy. Influenza infection during pregnancy may be associated with perinatal mortality, prematurity, lower birth weight and smaller neonatal size.
- People living in long stay residential care home or other long stay care facilities
- Those who are in receipt of a Carers allowance or are the main Carer and household contact of immunocompromised individuals
- Locum GP - Where locum GPs wish to be vaccinated, they should be vaccinated by their own GP
- Health and social care staff employed by nursing/residential homes or regulated domiciliary care providers are eligible and encouraged to have the flu vaccine
- All those aged 2-3 years (but not four years or older) on 31st August 2018 (i.e. date of birth on or after 1st September 2014 and on or before 31st August 2016)

All children in reception and school years 1, 2, 3, 4 and 5 would normally be vaccinated at school. Practices can vaccinate at risk children only and other children will need to attend their school.

3.6 Which vaccines should be used?

The LMC recognises the conflicting advice that has been issued about which influenza vaccines practices should be using. Details below have now been released by NHS England and this should be considered as the definitive advice. ([flu vaccination supporting data](#))

The aim is to use the most effective vaccine for the population

1. Why adjuvanted influenza vaccine (aTIV) for people over 65 years of age (Fluad)?

This vaccine has been licensed in Europe and the USA since 2015 and data indicates that it is more highly effective than non-adjuvanted vaccines in the elderly.

The adjuvanted trivalent vaccine (aTIV) should be used for all patients aged 65 and over and this is the most effective vaccine for this age group.

2. Quadrivalent influenza vaccines (QIV) for under 18s - 65s at risk & healthcare support workers.

This vaccine will be used in the childhood vaccines and is the most effective in this age group. Healthcare workers are also likely to benefit from protection against the additional B strain.

Quadrivalent influenza vaccines (QIV) contain;

- two influenza A strains and
- the two main influenza B strains

Including both B strains should provide better protection than the single strain B contained in the previously used trivalent vaccines (TIV). Influenza B is relatively more common in children than older age groups, the main clinical advantage of quadrivalent vaccines is in childhood.

3. Live attenuated quadrivalent influenza vaccine (LAIV) for children aged from 2 years to less than 18 years (unless contraindicated).

The live attenuated quadrivalent influenza vaccine (LAIV) should be given to children aged from 2 years to less than 18 years unless contraindicated. Further information on this programme can be found on the PHE national flu immunisation programme page.

The use of the live quadrivalent LAIV in children should not only protect the age group where flu infection is most common but also by preventing transmission from children to others. It also reduces circulation of influenza B across the whole population and thus indirectly protect them.

The live attenuated quadrivalent influenza vaccine (LAIV) is not licenced for use in those aged 6 months to two years. Eligible at-risk children are recommended to receive an age appropriate inactivated quadrivalent influenza vaccine (injected). Further information on this programme can be found on the PHE [national annual flu immunisation programme page](#).

3.7 What happens if there is not enough aTIV for your over 65s population?

- aTIV is the recommended vaccine in those aged 65 years and over
- **Prioritisation** should be given to over 75s and those with underlying risk factors/clinical conditions.
- QIV should **not** be offered to those aged 65 years and over, other than in exceptional circumstances.

3.8 What if you have no adjuvanted influenza vaccines (aTIV)?

If you have no stock of aTIV and you are not able to access any more, all over 65s should be:

1. signposted to an alternative provider e.g. a local pharmacy
2. in **exceptional** circumstance they can be given the quadrivalent inactivated vaccine (QIV)
3. patients must be fully informed as to why they are being given QIV rather than the recommended aTIV and the possibility of a lower efficacy of the vaccine, but it may still provide some protection against seasonal flu. The discussion and their [consent](#) should be documented in their records.

3.9 How should the vaccines be stored and handled?

Inactivated influenza vaccines should be stored between 2°C and 8°C in the original packaging to protect the vaccine from light. Temperature readings should be recorded, and everyone involved in the administration and giving of vaccines familiar with the cold chain. The practice policy should be updated on an annual basis. The safety of vaccines is a frequent issues raised by the [CQC](#).

Recommended vaccine storage containers should be used when transporting vaccines between different locations.

Clinicians administering the vaccine are recommended to check manufacturers advice. For example [Fluad](#) should be brought to room temperature before use and should not be used if frozen or has reached freezing point.

3.10 What if there is a vaccine storage incident, including cold chain issues?

Should vaccines be inadvertently stored outside the recommended temperature range of 2°C to 8°C, the vaccine should be quarantined, and risk assessed for suitability of continued off-label use or appropriate disposal. This should be raised as a [significant event](#).

Further advice on vaccine stability or cold chain storage incidents should be obtained from your [local screening and immunisation teams](#).

3.11 PGDs

Please refer to the advice on our [Wessex LMCs](#) web page re the use of PGDs & PSDs.

[Intramuscular inactivated influenza vaccine: PGD template](#)

[Live attenuated influenza vaccine \(Fluenz Tetra®\) : patient group direction \(PGD\) template](#)

PSD for “group” administration e.g. flu vaccines

We do have to be mindful of the guidance around [PGDs & PSDs](#) and ensure we fulfil the recommendations.

1. What is a PSD?

“A written and authorised instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have adequate knowledge of the patient's health and be satisfied that the medicine to be administered serves the individual needs of each patient on that list.

A written instruction applying to a group of patients where the patient/s are not individually identified i.e. a PSD could not state 'All patients attending the practice's 'flu vaccine clinic on date dd/mm/yyyy' but needs to be a list of all named patients due to attend the clinic who have been individually assessed by the prescriber as suitable for treatment and be signed and dated by a prescriber (this does not need to be completed for each entry but can be once for the entire list)."<https://www.sps.nhs.uk/wp-content/uploads/2013/03/PSD-final-July-2018.pdf>

2. "Group PSD"

This is a link to a group PSD adapted from one written by Diane Coulthard who is an excellent trainer in vaccinations and immunisations. You could adapt this in your practice to allow HCAs and staff not directly employed by the practice and not non-medical prescribers e.g. paramedics/pharmacists to administer flu vaccines.

In addition, we would recommend that the following needs to be put in place;

The PSD must clearly identify which flu vaccine is to be administered under this specific PSD i.e. Quadrivalent or Trivalent as there should be a sperate PSD for each vaccine. This may require practices organising separate clinics for administration of each vaccine.

The person signing the PSD must be satisfied that they are not aware of any contraindications to the patients on the list receiving the stated vaccine, as they are taking responsibility for making the clinical decision.

The person signing the PSD must be confident that they are singing that the person administering the vaccine is competent, has received training in administering the flu vaccines, is aware of the cold chain policy, clinically supervised and has attended annual up to date training around basic life support, management of anaphylaxis and use of the defibrillator.

There should be a record in the patients notes that the vaccine has been administered via a PSD. You would benefit from speaking to your IT person to add in a short cut key or read code.

The printed list of patients under the PSD should be retained for at least 2 years and preferably stored electronically.

As with all vaccines the patients name, DOB, type of vaccine, expiry date, vaccine code, method of immunisation and site of injection should be recorded in the patients notes together with patients consent to administration.

3.12 How is the injectable flu vaccine given?

- The inactivated influenza vaccine should be administered as an intramuscular injection using a 25mm needle
- For infants aged six months to one year, the anterolateral aspect of the thigh should be used.
- For those aged one year and over, the deltoid muscle in the upper arm is the preferred muscle.

[Fluad](#) is being supplied with an orange hub 25mm needle and should not confuse this needle with the shorter orange (16mm) needle used to give subcutaneous injections.

The needle is suitable for use with patients taking anticoagulants or with a bleeding disorder.

Fluad will be in syringes that are pre-filled and the needle will be supplied separately (Luer Lock Presentation) which means the needle will have to be attached to the syringe before administration.

3.13 Can you give the vaccine subcutaneously?

[Fluarix Tetra](#) and Fluad® are not licensed for subcutaneous administration so should only be administered intramuscularly.

3.14 What about vaccination of patients taking anticoagulants or with a bleeding disorder?

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. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/special-situations.html>

3.15 What if you are unsure if a patient has already had a flu vaccination?

If there is nothing documented, then the patient should be offered a flu vaccination. An additional dose is unlikely to cause them any harm. Any adverse reactions are likely to be similar to any other person receiving one dose of the vaccine.

3.16 What about patients who have recently been diagnosed with the flu?

These patients should be offered the vaccine. Both the inactivated flu vaccine and the LAIV can be given at any time following recovery providing there are no contraindications to vaccination and the patient is not acutely unwell.

3.17 Pregnancy

➤ Can all pregnant women have a flu vaccine?

All pregnant women will provide some maternal antibodies to protect the unborn child. A woman in any stage of their pregnancy should be offered an inactivated quadrivalent influenza vaccine.

The vaccine can be provided by the GP surgery, pharmacies and in some regions the maternity services.

➤ **Can the flu vaccine be given at the same time as other vaccines in pregnancy?**

Both the flu vaccine and whooping cough vaccine (normally offered after 20 weeks of pregnancy) are inactive and therefore can be given together as can anti-D immunoglobulin.

➤ **Can breast feeding women have the flu vaccine?**

Flu vaccine can be given to a woman who is breast feeding but this is not a clinical indication.

3.18 What about patients who have an existing medical condition?

Please refer to the link on [medical conditions](#) on the NHS England website pgs. 21-23 in the [Green Book](#).

➤ **Egg Allergies – Adults**

- Most flu vaccines are prepared from flu viruses grown in embryonated hen's eggs – the final vaccine products contain varying amounts of egg protein as ovalbumin
- Adults with egg allergy can be immunised in any setting using an **inactivated flu vaccine with an ovalbumin content less than 0.12 µg/ml (equivalent to <0.06 µg for 0.5ml dose)**
- Adults with a **severe anaphylaxis to egg that has previously required intensive care** should be referred to specialists for immunisation in hospital
- There is no ovalbumin-free vaccine available for the 2018/19 flu season
- Ovalbumin content for the 2018/19 flu vaccines is published on [PHE Annual flu programme webpage](#).

➤ **Egg Allergies – Children**

- Please see section 3.19 – Childhood flu vaccination programme, page 12

3.19 Childhood flu vaccination programme

➤ **How is the vaccine administered?**

Administration of the vaccine is via a nasal applicator which delivers just 0.1ml (around 1/50th of a teaspoon) of fluid into each nostril. Clear diagrams showing administration are provided in the SPC and NHS Education for Scotland has made a [video](#) for health professionals on how to administer the vaccine.

➤ **Can other people present be at risk of catching the vaccine as it is 'sprayed'?**

There is not a 'mist' of vaccine virus in the air when children are being vaccinated and therefore others in the room should not be at risk of "catching" the vaccine virus. The

room or school in which administration of nasal influenza vaccine has taken place does not require any special cleaning afterwards.

Health care workers who are immunocompromised and those who are pregnant can safely administer the vaccine. As a precautionary measure, however, very severely immunocompromised healthcare workers should not administer LAIV

➤ **What are the types of vaccines available for children?**

There are two types of vaccine available for children in 2018/19

1. Live nasal vaccine
2. Inactivated injectable flu vaccine

➤ **What is the age range for those children receiving the flu vaccination?**

In England, flu vaccine should be offered to:

1. all children who are aged two to nine years old (but not ten years or older) on 31 August 2018 and
2. to children aged from 2 years up to 18 years in clinical risk groups.

LAIV should be offered unless contraindicated. For further information about the childhood flu immunisation programme 2018/19, please refer to the annual flu letter from DH/PHE/NHS England: [Childhood flu vaccination programme](#)

➤ **How many vaccine doses are required?**

Children who **have not previously** been vaccinated against seasonal flu will require a second dose after an interval of at least four weeks.

➤ **Egg Allergies – Children**

- Children with an egg allergy can be safely vaccinated with the LAIV in any setting, this includes primary care and schools
- Those with egg allergy and clinical risk factors that contraindicate LAIV such as immunosuppression, should be offered an inactivated flu vaccine with a very low ovalbumin content (less than 0.12 µg/ml)*
- Children with a history of **severe anaphylaxis to egg that has previously required intensive care**, should be referred to specialists for immunisation in hospital
- LAIV is not otherwise contraindicated in children with egg allergy. Egg-allergic children with asthma can receive LAIV in their asthma is well controlled (click [here](#) on severe asthma)

** Children in a clinical risk group and aged under nine years who have never previously received influenza vaccine will require a second dose, one month after the first dose, whether given LAIV or inactivated vaccine*

➤ **What about those children who are not in a clinical risk group?**

They should be offered **a single dose of LAIV**.

The Joint Committee on Vaccinations & Immunisations [JCVI](#) has considered this issue and has recommended that as a second dose of the vaccine provides only modest additional protection.

➤ **What about children who are in the clinical risk group?**

Children aged two years to less than nine years who are in a clinical risk group and who have not received flu vaccine before should:

- receive **two doses of LAIV**.
- the second dose should be given at least four weeks after the first.

Please refer to your local PGD and Public Health guidelines on the administration, contraindications and precautions when administering a flu vaccine to children.

➤ **Do you have to defer the vaccination due to acute illness?**

If the child has an acute severe febrile illness, LAIV administration should be deferred until recovered. Minor illnesses without fever or systemic upset are not valid reasons to postpone vaccination.

➤ **What if the child has a blocked or runny nose?**

There is no data on the effectiveness of LAIV when given to children with a heavily blocked or runny nose (rhinitis) caused by infection or allergy. As heavy nasal congestion might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration until resolution of the nasal congestion or use of an appropriate alternative intramuscularly administered flu vaccine should be considered

➤ **What if you think you have administered an incomplete dose of the vaccine?**

It is not necessary to repeat the dose of vaccine if at least 0.1ml of the vaccine has been given intranasally as each half dose (0.1ml) contains enough viral particles to induce an immune response.

If the vaccine is accidentally squirted into the child's eye, it may cause some slight irritation to the eye and eyewash/normal saline should be used to wash out the eye. The child/parent should be advised to seek medical advice if any irritation occurs and persists beyond what might reasonably be expected.

➤ **What to do if the child refuses the second half of the vaccine dose after the first half has been given?**

As each half dose (0.1ml) contains enough viral particles to induce an immune response, it is not necessary to offer an inactivated vaccine or a repeat live vaccine on another occasion as each half dose (0.1ml) contains enough viral particles to induce an immune response

- What if you inadvertently give LAIV to a child who is aged less than 24 months or a child who is immunosuppressed?

Please refer to the [Childhood Flu Vaccine pg. 21](#).

3.20 Can the flu vaccine (LAIV) be given with other vaccines?

Although it was previously recommended that, where vaccines cannot be administered simultaneously, a four-week interval should be observed between live viral vaccines. [JCVI](#) has now advised that no specific intervals need to be observed between the live attenuated intranasal flu vaccine and other live vaccines.

3.21 Practice Staff

As an employer, practices should be encouraging and offering staff with direct patient contact the opportunity to have a flu vaccination. This could be provided by the practice from your own stock or from a pharmacy.

Where members of staff are eligible under the at-risk groups for a flu vaccination they should be encouraged to attend their own registered practice.

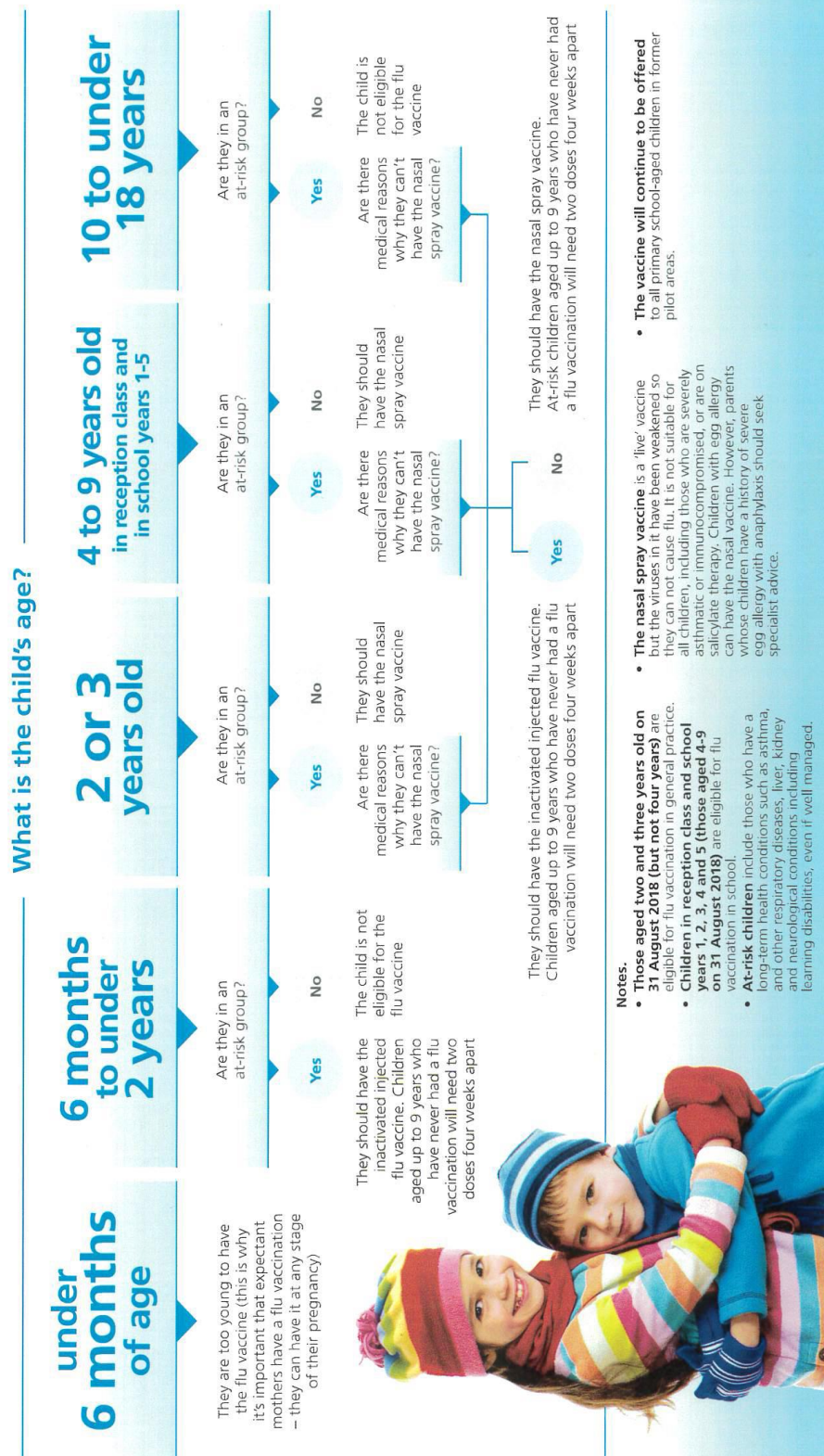
Practices are unable to claim a fee under the DES however you are able to claim the dispensing fee through the FP34D process.

4. Flow Chart - Which Flu Vaccine Should Children Have



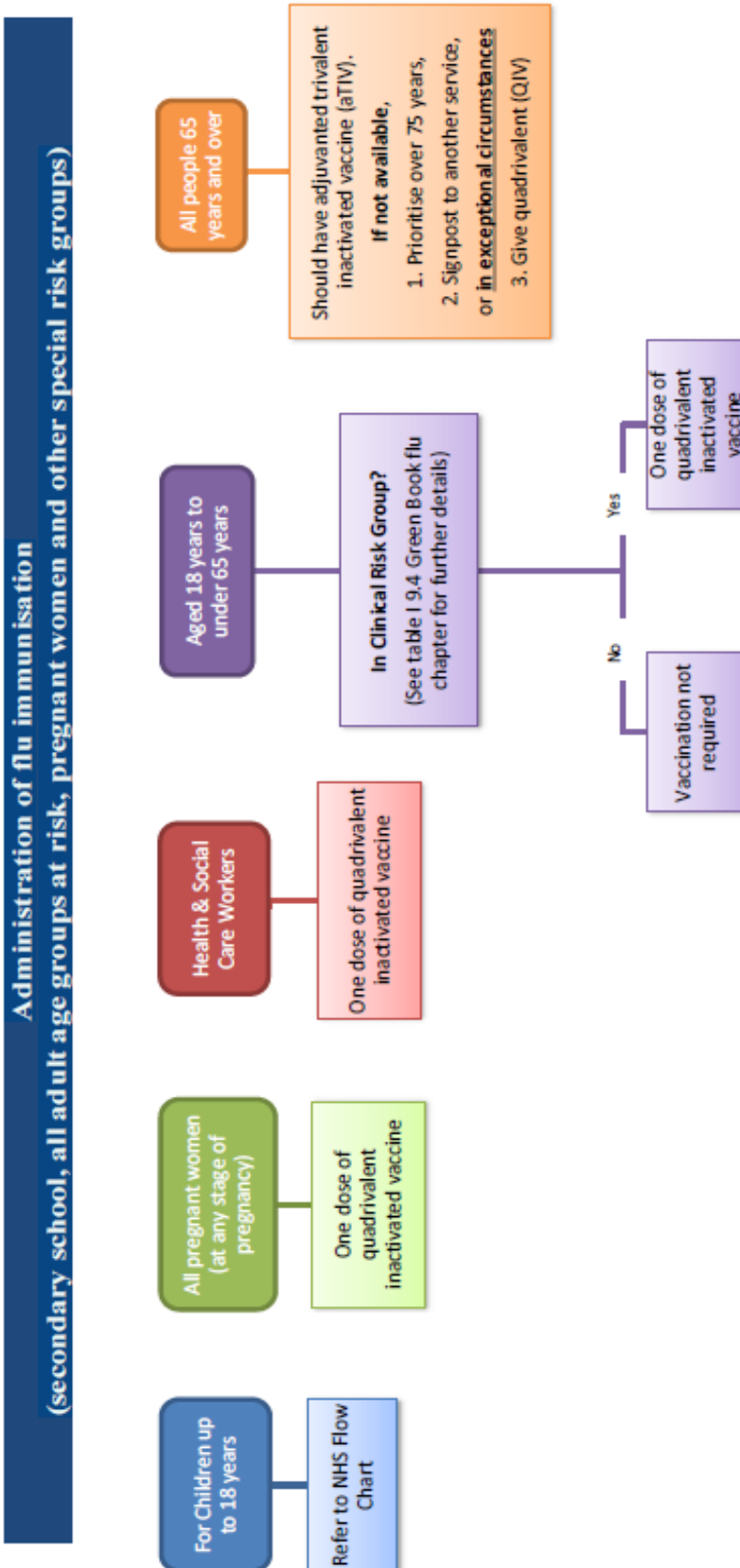
Which flu vaccine should children have?

There are two types of flu vaccine available for children in 2018/19 – the 'live' nasal spray vaccine and the inactivated injected flu vaccine. This chart indicates which vaccine children should get.

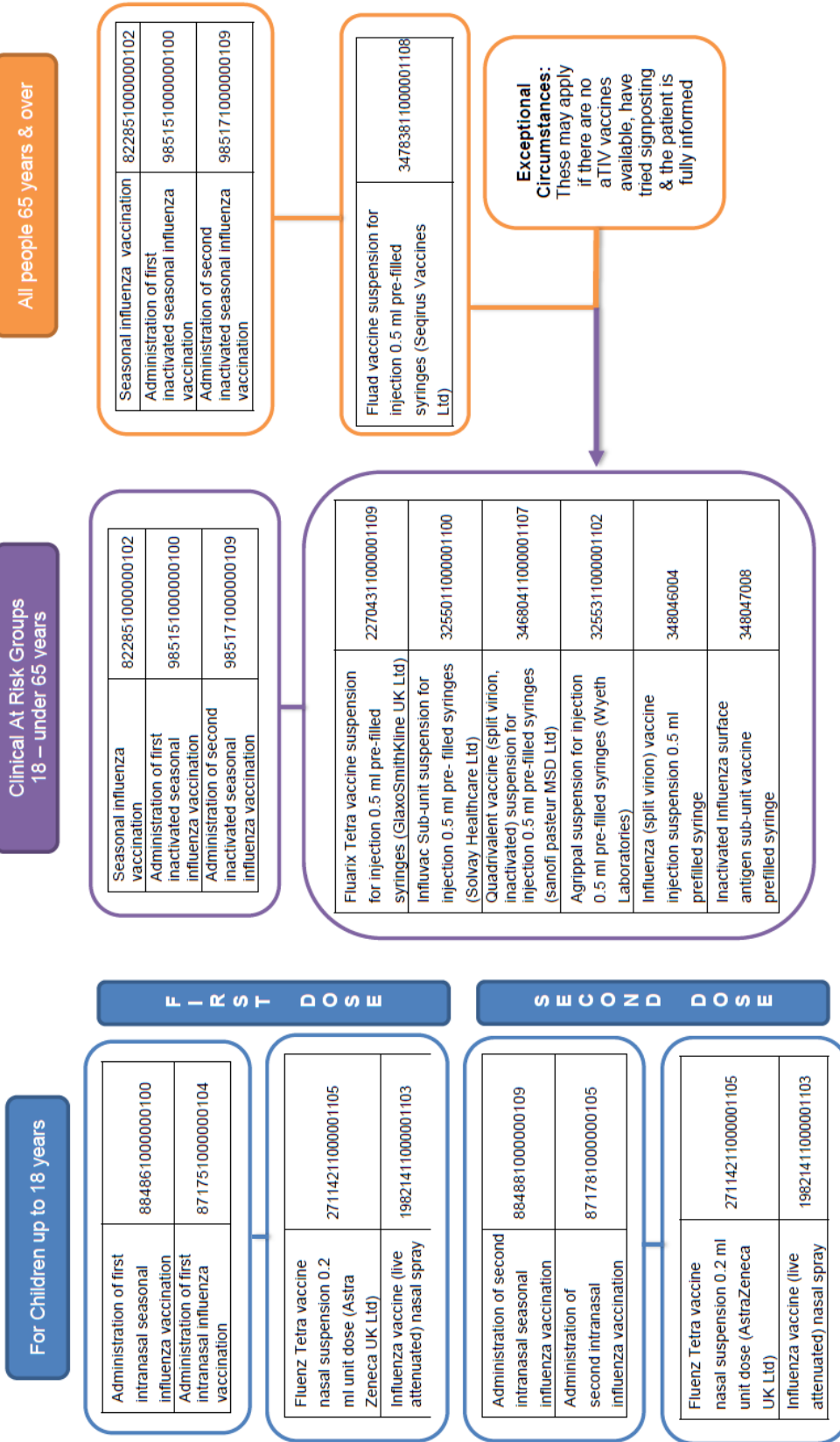


Seasonal flu vaccination programme 2018/19 - An update for registered healthcare practitioners

Adapted from Health Protection Scotland/NHS Education Scotland



Seasonal flu vaccination programme 2018/19 Flu Immunisation Coding



Seasonal flu vaccination programme 2018/19

Flu Immunisation Coding

Health & Social Care Workers

Employed by care home	1092561000000107
Employed by nursing home	1092571000000100
Employed by domiciliary care provider	1092581000000103

PLEASE NOTE THESE WILL NOT BE AVAILABLE UNTIL THE END OF OCTOBER. PRACTICES NEED TO KEEP A RECORD OF PATIENTS VACCINATED.
DO NOT USE 90X4

EMIS ONLY Proxy SNOMED Codes:

Employed by care home	^A ESCT1172101
Employed by nursing home	^A ESCT1172102
Employed by domiciliary care provider	^A ESCT1172103

Flu Vaccination given by other Health Care Professional

First intranasal seasonal influenza vaccination given by other healthcare provider	955661000000102
First intranasal seasonal influenza vaccination given by pharmacist	1037311000000106
Second intranasal seasonal influenza vaccination given by other healthcare provider	955681000000106
Second intranasal seasonal influenza vaccination given by pharmacist	1037331000000103

C H I L D R E N

A D U L T S

Seasonal influenza vaccination given by midwife	1066171000000108
First inactivated seasonal influenza vaccination given by midwife	1066181000000105
Seasonal influenza vaccination given by other healthcare provider	955651000000100
First intramuscular seasonal influenza vaccination given by other healthcare provider	945831000000105
Seasonal influenza vaccination given by pharmacist	955691000000108
Seasonal influenza vaccination given while hospital inpatient	955701000000108
First inactivated seasonal influenza vaccination given by pharmacist	1037351000000105
Second intramuscular seasonal influenza vaccination given by other healthcare provider	955671000000109
Second inactivated seasonal influenza vaccination given by pharmacist	1037371000000101
Second inactivated seasonal influenza vaccination given by midwife	1066191000000107

Seasonal flu vaccination programme 2018/19

Flu Immunisation Coding Other Codes

Flu Vaccination -
Declined

Influenza vaccination declined	315640000
Seasonal influenza vaccination declined	822931000000100
First intranasal influenza vaccination declined	871521000000104
Second intranasal influenza vaccination declined	871541000000106
First intranasal seasonal influenza vaccination declined	885971000000103
Second intranasal seasonal influenza vaccination declined	886011000000103

Flu Vaccination –
Adverse Reaction

Influenza split virion vaccine adverse reaction	293112000
Influenza surface antigen vaccine adverse reaction	293113005
Influenza virus vaccine adverse reaction	420113004

Flu Vaccination –
No Consent

No consent for seasonal influenza vaccination	868491000000103
---	-----------------

Flu Vaccination –
Allergy

Influenza vaccine allergy	294647003
Influenza split virion vaccine allergy	294648008
Influenza surface antigen vaccine allergy	294649000

Flu Vaccination –
Not Indicated/
Contraindicated

Influenza vaccination not indicated	407573008
Seasonal influenza vaccination contraindicated	822951000000107
Seasonal influenza vaccination not indicated	822971000000103

Flu Vaccination –
Other code

Needs influenza immunization	185903001
------------------------------	-----------

6. Useful Websites / Resources

1. [Seasonal Flu Vaccination Programme 2018/2019 – Flow chart](#)
2. [Which flu vaccine should children have – Flow chart](#)
3. [Flu Vaccination – Who should have it and why. Winter 2018/19](#)
4. [Flu Vaccination Programme Delivery Guidance 2018-19](#)
5. [The national influenza immunisation programme 2018/19. Inactivated influenza vaccine information for health care practitioners](#)
6. [The national flu immunisation programme for 2018 to 2019 slideset](#)
7. [The childhood flu immunisation programme for 2018 to 2019 slideset](#)
8. [Childhood flu programme: information for healthcare practitioners](#)
9. [National flu immunisation programme plan](#)
10. [Influenza vaccine: ovalbumin content](#)
11. [Flu vaccine for children: best practice guide for GPs](#)
12. Flu vaccination: leaflets and posters
 - a. [Protecting your child against flu](#)
 - b. [5 reasons to vaccinate your child](#)
13. [Guidance on outbreaks of influenza in care homes poster](#)
14. [Flu posters for visitors to hospitals and care homes](#)
15. [Flu vaccination: invitation letter template for children aged 2 and 3 years](#)
16. [Flu vaccination: invitation letter template for at risk patients and their carers](#)
17. [Flu vaccination: easy read invitation letter template](#)
18. Useful information for patients
 - a. [NHS the flu Vaccine](#)
 - b. [Who shouldn't have the flu vaccine](#)

19. [Infuenza vaccines for the 2018/19 influenza season – Ovalbumin content](#)
20. [Information on Fluenz Tetra® availability and ordering controls for 2018 to 2019](#)
21. Seasonal flu vaccination programme 2018/19 – Flu Immunisation Coding
 - a. [Children up to 18 years, Clinical Risk Groups 18 – under 65 years and All people 65 years & over](#)
 - b. [Health & Social Care workers and Flu Vaccination given by other Health Care Professional](#)
 - c. [Other Codes](#)
22. FREE online updates for staff administering flu vaccines can be accessed here: <https://www.e-lfh.org.uk/programmes/flu-immunisation/>





WESSEX

Local Medical Committees
Incorporating Wessex LEaD

**Wessex Local Medical Committees Ltd
Churchill House, 122-124 Hursley Road
Chandler's Ford, Eastleigh
Hampshire, SO53 1JB**

Tel No: 023 8025 3874 | Fax No: 023 8027 6414

www.wessexlmcs.com

DOC-0136/13.09.18