GUIDELINES FOR ADMINISTRATION OF THE SEASONAL INFLUENZA VACCINE AND PNEUMOCOCCAL VACCINE

FEBRUARY 2015

This policy replaces all earlier policies for Guidelines for Administration of the Seasonal Influenza Vaccine and Pneumococcal Vaccine
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Approved by (Group): Drugs and Therapeutics Group

Approved by (Committee): Quality Committee

Date: January 2013

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<table>
<thead>
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<th>Version</th>
<th>Summary of amendments</th>
</tr>
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<tbody>
<tr>
<td>Feb 2015</td>
<td>8</td>
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<td>Dec 1999</td>
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<td>Revision</td>
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Members of Influenza Planning Group

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Further copies of this document can be found on the Foundation Trust intranet.
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1. Introduction

This policy forms part of the Camden & Islington NHS Foundation Trust Administration of Medicines Policy and Management of Anaphylaxis Policy. It should be read in conjunction with: the Camden & Islington NHS Foundation Trust Administration of Medicines Policy and Infection Control Manual; the Immunisation against Infectious Diseases Handbook (Green Book) Chapter 19 v4 186-216 (DoH 2012); the Nursing and Midwifery Council – Standards for Medicines Management (2010) and the British National Formulary (2012).

1.1 Seasonal Influenza

Influenza is an acute viral infection of the respiratory tract affecting all age groups and characterised by the sudden onset of fever, chills, headache, a dry cough, a sore throat, myalgia and sometimes, extreme fatigue. It is usually a self-limiting disease, with an incubation period of 1 - 3 days and with recovery in 2 - 7 days.

Influenza is highly infectious and can spread rapidly in institutions and closed communities. The greatest morbidity and mortality from influenza is among those with underlying disease, particularly chronic respiratory and cardiac disease and especially if they are also elderly. Epidemics occur unpredictably, and are generally associated with a large number of excess deaths among the elderly. Even in winters when the incidence is low, 3000-4000 deaths may be attributed to influenza (DoH 2012).

To decrease the burden of illness and death, the Joint Committee on Vaccination and Immunisation, which advises the UK Health Departments, recommends that those most at risk of serious illness from seasonal influenza infection be offered influenza immunisation every year. Seasonal influenza vaccine gives 70-80% protection against the infection. In the elderly, protection against infection may be less, but immunisation has been shown to reduce the incidence of bronchopneumonia, with a 27% reduction in hospital admissions, and 47% reduction in overall mortality. British Geriatrics Society (2011)

Each year, the viruses that are most likely to cause flu are identified in advance and vaccines are made to match them as closely as possible. The vaccines are recommended by the World Health Organization (WHO)

The reason why the flu vaccines used each year differ is because over time flu viruses are able to mutate (change). This means that people, who had the flu vaccine last year, will not be protected from flu this year.

Therefore, people who are at risk of the effects of flu and its associated complications should have the flu vaccine again this year.

The 2012/13 vaccine protects against three types of flu virus.

- **H1N1** – the strain of flu that caused the swine flu pandemic in 2009
- **H3N2** – a strain of flu that can infect birds and mammals and was active in 2011
- a strain of flu that was active in 2010 known as **B/Wisconsin/1**

Seasonal influenza vaccine is offered annually between September and early November.
1.2 Pneumococcal Vaccine

Pneumococcal infection can cause serious diseases such as septicaemia and meningitis. Older people are at higher risk of pneumococcal pneumonia with around 2 in every 1000 adults aged over 65 admitted to hospital each year. Most people will only need to have the vaccine once although a second dose may be needed for those patients with certain medical conditions such as a damaged spleen, no spleen, or kidney problems.

The pneumococcal vaccine can be given at the same time as the influenza vaccine but these should be administered at separate sites in different limbs. If the vaccines have to be administered in the same limb then the sites should be at least 2.5 cms apart. Site of vaccination should be recorded in the patient’s individual record.

The pneumococcal vaccine should be administered once only. Healthy adults should not require revaccination. It is recommended that persons are revaccinated after 5 years in the following instances: they have had splenectomy; have developed splenic dysfunction; or chronic kidney disease. It may be difficult to identify those patients who have had a previous dose of the pneumococcal vaccine. Therefore if it is not already recorded staff must check with the individual patient’s GP to see if the service user has had this vaccination.

2. Rationale

This guideline offers a framework of good practice in the administration of seasonal influenza and pneumococcal vaccinations to service users within inpatient areas. It provides a standardised approach to the administration of seasonal influenza and pneumococcal vaccinations by Registered Nurses and informs Doctors, working within inpatient areas, of the procedure.

3. Criteria for Registered Nurses Administering Seasonal Influenza and or Pneumococcal Vaccines

Following a correctly written prescription from the patient’s doctor, Registered Nurses will administer influenza and or pneumococcal vaccines to identified inpatients within the clinical area. (Please refer to the training requirements in Section 7).

4. Seasonal Influenza Vaccine

Service User Groups recommended to receive flu vaccine are listed in Appendix 2

NB. It is a Department of Health recommendation that all frontline Staff receive Seasonal Influenza Vaccine; this can be obtained through the Occupational Health Department based on the St Pancras Hospital site. For further information telephone 020 3317 3350.
4.1 **Actions Prior to Immunisation**

All staff must:

- Read and update themselves on the Trust’s Administration of Medicines Policy
- Read and update themselves on the Trust’s Anaphylaxis Policy.
- Ensure that there is a current prescription and that the vaccine is correctly prescribed and labelled for the patients use in accordance with the policy for administration of medicines and a completed Consent Form (Appendix 3).
- Ensure that the vaccine is in date and has been appropriately stored. See policy A19: Immunisation of Service Users/Handling and Storage of Vaccines (cold chain) in the Infection Control Manual
- Ensure that there is an anaphylactic shock kit that has been stored correctly, is within shelf life, and is with the nurse administering the vaccination.
- Ensure that the patient’s needs have been discussed within the Multi-disciplinary Team (MDT) meetings.
- Ensure that the patients and their relatives/carers have been provided with information regarding the importance of the vaccine and that information leaflets are available (Appendix 5).
- Ensure that the patients who wish to have the vaccine are identified and that this has been noted in that patient’s MDT notes.
- Ensure that the vaccine has been prescribed on the patient’s medication chart. [Once only section]
- Ensure that in the event of an emergency, help is available: apart from the nurse giving the vaccine, a colleague who has had their yearly anaphylactic training must be present with a telephone near.
- Advise the patient of the following issues, using non-jargonistic language:
  - The vaccine cannot cause influenza
  - Influenza-like illness can be caused by many respiratory viruses and the influenza vaccine will not prevent these
  - Soreness at the vaccination site may occur
  - In rare cases, fever, malaise, myalgia, or arthralgia may occur 6 to 12 hours after immunisation and may last up to 48 hours
  - More rarely, immediate reactions such as urticaria, angioedema, allergic asthma or anaphylaxis may occur
- Check the patient’s name, using the patient’s up-to-date photograph on the medication chart or, in the absence of a photograph, the patient’s identity band. If the patient does not have the capacity to give informed consent, then the

- Ensure that, according to her or his professional judgement, the patient is fit to receive the vaccine; for example that the patient does not have a fever, and check and record that their temperature is within normal limits. Also, check that the patient has not previously had any adverse reactions attributed to influenza vaccine.

- Be aware of the patient’s history: patients with a history of confirmed anaphylactic reaction to influenza vaccine should NOT be given that vaccine again.

- For those patients on anticoagulant therapy and patients who have a bleeding disorder, the vaccine must be administered via deep subcutaneous injection.

- Be aware of the contra-indications:

  The vaccines are prepared in hens’ eggs and should not be given to people with hypersensitivity to egg products. Patients can be immunised with an egg-free influenza vaccine (if available). If no egg-free vaccine is available, patients should be referred to specialists for vaccination in hospital using an inactivated influenza vaccine with an ovalbumin content less than 0.12 μg/ml (equivalent to 0.06 μg for 0.5 ml dose).

The following checklist must be used to identify whether each patient is suitable for the influenza vaccine:

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pyrexial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Allergies (eggs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Previous anaphylactic reaction to influenza vaccine or contents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If the answer is ‘Yes’ to any of the above questions, then document this in the patient’s notes and the vaccine MUST NOT be given in these cases advice must be sought from a specialist in Vaccination.

### 4.2 Dosage

The dosage for adults should be a single injection by intramuscular or deep subcutaneous injection (consult patient history). The dosage of vaccine is determined by the manufacturer’s specification. The dosage can be checked on the information leaflet included with the vaccine.

The vaccine must be checked in accordance with the Administration of Medicines Policy.

If administering by intramuscular the recommended sites for adults are the upper arm or anterior lateral thigh.
4.3 Actions Following Immunisation

Following the immunisation, the Nurse must:

- Dispose of sharps used at point of use
- Wash hands
- Sign the medication chart and document that it has been given in the service users MDT notes on RiO.
- Sit the patient within easy observation for 5-10 minutes, so that any adverse effects can be immediately identified.
- Report back to the Doctor any reasons for non-immunisation and any other relevant details.
- Record the date of immunisation, the name, brand and the batch number of the vaccine, and any immediate adverse effects in the patient's nursing notes and sign the patient's medication chart, recording the batch number of the vaccine on the medication chart and on the consent form. The completed consent form must be scanned into the patient's RiO notes.
- Complete the GP Letter (Appendix 4) and send to GP (keep scanned copy in patients RiO notes).

N.B. In the event of the service user's discharge from hospital, the vaccination must be documented in the patient's GP discharge summary.

5. Pneumococcal Vaccine

5.1 Actions Prior to Immunisation

All staff must:

- Read and update themselves on the Trust's Administration of Medicines Policy
- Read and update themselves on the Trust's Anaphylaxis Policy.
- Ensure that there is a current prescription and that the vaccine is correctly prescribed and labelled for the patient's use in accordance with the policy for administration of medicines.
- Ensure that the vaccine is in date and has been appropriately stored. See policy A19: Immunisation of Service Users/Handling and Storage of Vaccines (cold chain) in the Infection Control Manual (2011)
- Ensure that there is an anaphylactic shock kit that has been stored correctly, is within shelf life, and is with the nurse administering the vaccination.
• Ensure that the patients’ needs have been discussed within the Multi-Disciplinary Team (MDT) meetings.

• Ensure that the MDT team has identified those patients who are eligible for the vaccine. The key issue is to avoid re-vaccination; the general rule is that the pneumococcal vaccine should be given only once in a lifetime. Prior to vaccination, confirmation can be obtained from the patient's GP, using the form provided that no pneumococcal vaccine has previously been given. In the absence of such a written response from the patient's GP, the Consultant will review and make a decision in the best interests of the patient.

• Ensure that all patients and their relatives/carers have been provided with information regarding the importance of the vaccine and that information leaflets are available.

• Ensure that the patients who wish to have the vaccine are identified and that this has been noted in that patient’s MDT notes.

• Ensure that the vaccine has been prescribed on the patient's medication chart. (Once only section)

• Check the patient’s name, using the patient’s up-to-date photograph on the medication chart or, in the absence of a photograph, the patient’s identity band.

The completed Influenza Immunisation Consent and Record Form, Appendix 3; must be stored in the patients’ medical records.

If the patient does not have the mental capacity to give informed consent, then the Consultant must review and make a decision in the best interests of the patient.

• Occasionally a patient of around 65 years may be considered at high risk of developing a pneumococcal infection. Again, prior to any vaccine administration, written confirmation of vaccine status must be received from their GP.

The following checklist must be used to identify whether each patient is suitable for the pneumococcal vaccine:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Y</td>
<td>N</td>
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<td>---</td>
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</tr>
<tr>
<td>1. Pyrexial</td>
<td></td>
</tr>
<tr>
<td>2. Any contra-indications</td>
<td></td>
</tr>
</tbody>
</table>

• If the answer is ‘Yes’ to either of the above questions, then document this in the patient’s notes and the vaccine must NOT be given.

• Ensure that in the event of an emergency, help is available: apart from the nurse giving the vaccine, a colleague who has had their yearly anaphylactic training must be present with a telephone near.
• Ensure that the vaccine has been prescribed on the patient's medication chart. [Once only section]

• Advise the patient of the following issues, using non-jargonistic language:
  - The vaccine cannot cause pneumococcal infection
  - Mild soreness and induration may occur at the site of the injection lasting from 1 to 3 days
  - Less commonly, a low-grade fever may occur.

5.2 Dosage

The dosage for adults over 65 years of age should be a single injection by intramuscular or deep subcutaneous injection. The dosage of vaccine is determined by the manufacturer’s specification. The dosage can be checked on the information leaflet included with the vaccine.

The vaccine must be checked in accordance with the administration of medicines policy.

For adults, pneumococcal polysaccharide (PPV) vaccine must be used. The vaccine must be shaken and checked for clarity prior to administration – check manufacturers guidance.

5.3 Actions Following Immunisation

Following the immunisation the nurse must:

• Dispose of sharps used at point of use

• Wash hands

• Sign the medication chart and document that it has been given in the MDT notes.

• Sit the patient within easy observation for 5-10 minutes, so that any adverse effects can be immediately identified.

• Report back to the doctor any reasons for non-immunisation and any other relevant details

• Record the date of immunisation, the name, brand and the batch number of the vaccine, and any immediate adverse effects in the patient’s nursing notes, and sign the patient's medication chart, recording the batch number of the vaccine on the medication chart.

N.B. In the event of discharge the vaccination must be documented in the Patient’s GP discharge summary.
6. Dissemination of policy

This Policy will be disseminated to all Registered Nurses and their Managers within the Trust and is to be added to the current Administration of Medicines Policy.

7. Training requirements

Registered nurses undertaking the administration of seasonal influenza or pneumococcal vaccination should meet the National Minimum Training Standard for Immunisation (Health Protection Agency 2005)

The Trust requires that Registered Nurses and Agency / Bank Nurses must attend Infection Control, CPR, anaphylaxis and administration of seasonal influenza, pneumococcal vaccine training. This training must be updated on an annual basis in order to maintain competencies to respond to a patient in anaphylactic shock.

8. Monitoring and audit arrangements

An audit of this policy will be conducted in March 2013.

It is anticipated that the audit criteria used to monitor this procedure will cover the following points:

<table>
<thead>
<tr>
<th>Elements to be monitored</th>
<th>Lead</th>
<th>How trust will monitor compliance</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing of Influenza and Pneumococcal vaccinations for service users</td>
<td>Pharmacy staff</td>
<td>Audit</td>
<td>Yearly</td>
<td>Drugs and Therapeutics Group</td>
<td>Required actions will be identified and completed in a specified timeframe</td>
<td>Required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
<tr>
<td>Attendance at Infection control, CPR, anaphylaxis, vaccine, training updates</td>
<td>L&amp;D</td>
<td></td>
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<td></td>
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<tr>
<td>Number of anaphylactic shock kits in clinical areas</td>
<td>Pharmacy staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients with adverse side effects and action taken</td>
<td>Pharmacy staff</td>
<td></td>
<td></td>
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</tbody>
</table>
9. Review of the policy
The contents of the Guidelines for Administration of the Seasonal Influenza Vaccine and Pneumococcal Vaccine Policy will be reviewed and updated in 2014. However, if required, a development or amendment will be done as a matter of urgency, or in accordance with the Department of Health guidance. It must be noted that some policies within the policy are owned by other departments, for example, pharmacy department; therefore, its review date may not be consistent with that of the entire policy.

10. References
Camden & Islington NHS Foundation Trust - The Role of Mental Health Professionals in the Management of Anaphylaxis (2011)
Camden & Islington NHS Foundation Trust Administration of Medicines Policy: Mental Health in-patient settings (2011)
Department of Health (August 2012) - Immunisation against Infectious Diseases Revised Chapter 25, Pneumococcal Immunisation. HMSO: London.
Department of Health, (August 2012) - Immunisation against Infectious Diseases Revised Chapter 19, Influenza Immunisation. HMSO: London.
Mental Capacity Act (2005)
Mental Capacity Act Code of Practice (2007)
Nursing and Midwifery Council – Standards for Medicines Management (2010)
NHS Choices Flu Vaccination website

11. Associated documents
This policy forms part of the:
Administration of Medicines Policy (2008)
Management of Anaphylaxis Policy (2005)
It should be read in conjunction with:-
The Administration of Medicines Policy (2011)
Infection Control Manual (2011)
The Immunisation against Infectious Diseases Handbook (Green Book) (DoH 2006)
The Nursing and Midwifery Council – Standards for Medicines Management (2007)
The British National Formulary (2012)
### Appendix 1

#### Equality Impact Assessment Tool

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
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<tr>
<td>Nationality</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>N/A</td>
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</table>
Appendix 2 - Groups recommended to receive flu vaccine

THE FLU IMMUNISATION PROGRAMME 2012/13  
Department of Health guidance

The list of eligible patients who should be offered the flu vaccine has not changed since last season. Flu vaccine should be offered to the eligible groups set out in the table below:–

**NB** Community Service Users within the eligible groups should be encouraged to go to their own GP.

<table>
<thead>
<tr>
<th>Eligible groups</th>
<th>Further detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All patients aged 65 years and over</strong></td>
<td>“Sixty-five and over” is defined as those 65 and over on 31 March 2013 (i.e. born on or before 31 March 1948).</td>
</tr>
</tbody>
</table>
| **Chronic respiratory disease**                      | Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.  
Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).  
Children who have previously been admitted to hospital for lower respiratory tract disease. |
| **Chronic heart disease**                             | Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.                                   |
| **Chronic kidney disease**                            | Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.                                                                                              |
| **Chronic liver disease**                             | Cirrhosis, biliary artesia, chronic hepatitis                                                                                                                                                                |
| **Chronic neurological disease**                     | Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers).  
Clinicians should consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability. |
| **Diabetes**                                          | Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.                                                                                               |
| **Immunosuppression**                                | Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression. Asplenia or splenic dysfunction, HIV infection at all stages.  
Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of |
1mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient’s clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below).

<table>
<thead>
<tr>
<th><strong>Pregnant women</strong></th>
<th>Pregnant women at any stage of pregnancy (first, second or third trimesters).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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. This does not include, for instance, prisons, young offender institutions, or university halls of residence.</strong></td>
<td>Vaccination is recommended.</td>
</tr>
<tr>
<td><strong>Carers</strong></td>
<td>Those who are in receipt of a carer’s allowance, or those who are the main carer, or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. (Please note – this category refers to individual carers entitled to a free flu vaccine on the NHS, not professional health and social care workers who should be vaccinated by their employer as part of an occupational health programme.)</td>
</tr>
</tbody>
</table>

The list above is not exhaustive, and the medical practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.
Appendix 3

Influenza Immunisation Consent and Record Form

Service Users Influenza Immunisation programme is on a voluntary basis.

The vaccine is an inactivated vaccine containing three strains of influenza. Each year these vary, depending on the predicted strains likely to become epidemic; this vaccine can offer no protection from other strains.

Please read the list of contraindications and let the Doctor/Nurse know if any of these apply to you before having the vaccine. You should note that, in addition to the usual contraindications to the vaccine, you should not have this version of the vaccine if you are known to be allergic to eggs or chicken protein.

Mild effects are not uncommon but serious effects are only rarely observed. A mild flu-like reaction may be noticed. This is not infectious and usually resolves in 24-48 hours.

If you have any concerns please discuss these with the Doctor/Nurse before signing the consent form.

Pregnancy: The Department of Health and the manufacturer’s advice sheet recommend that this vaccine can be used at all stages of pregnancy. Larger datasets on safety are available for the second and third trimester, compared with the first trimester; however, data from worldwide use of inactivated influenza vaccines do not indicate any adverse foetal and maternal outcomes attributable to the vaccine.

Breast feeding: Inactivated Influenza Vaccine may be used during lactation.

Evolving neurological conditions: Immunisation is not recommended if you are under investigation for neurological symptoms or a neurological condition is not stable.

Surname:___________________________
First name:____________________
Title:____
DOB:____/____/_______
Ward/Department…………………………………………………………………………

History of Health / Contraindications:

Do you currently have a temperature / feel feverish? .........................Yes □ No □
Are you immuno-suppressed either through illness or treatment? ......Yes □ No □
Do you have any bleeding disorders? .............................................Yes □ No □
Are you taking any medicines currently? ........................................Yes □ No □
Do you have any allergies to foods (e.g. chicken / eggs) or drugs (e.g. formaldehyde, neomycin, octoxinol) .................................................................Yes □ No □
Do you have any other allergies? Yes □ No □
If yes, please state
........................................................................................................................................
........................................................................................................................................
Have you had any other injections / immunisations in the last 3 months
........................................................................................................ Yes □ No □

Have you had any sort of adverse reactions to immunisations in the past?
........................................................................................................ Yes □ No □

If yes, please describe the type of reaction
........................................................................................................

Are you awaiting investigations for a neurological condition?
........................................................................................................ Yes □ No □

☐ I have read the information and I hereby consent to be immunised with the Influenza vaccine by the Trust
Signature: ........................................................................................................
Date: ____/____/_______
Print Name ........................................................................................................

To be completed by Vaccinator:

Influenza Immunisation

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Maker</th>
<th>Batch No</th>
<th>Expiry</th>
<th>Site</th>
<th>Dose / Route</th>
<th>Given By</th>
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Administered By: ................................ Signature: .............................................
(please print name)

Job Title ........................................................................................................

Date and time ..................................................................................................
<table>
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<th><strong>Your patient (print name)</strong></th>
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Has been vaccinated with Seasonal Influenza vaccine on:

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<td><strong>Batch Number:</strong></td>
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<td><strong>Site/Ward Address:</strong></td>
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Immunisation given by:

………………………………………………………

Name (print):

Signature:

Contact details:
The flu vaccination for the winter of 2012/13

Who should have it, and why

Includes information for pregnant women
Introduction
This leaflet explains how you can protect yourself against flu this coming winter and why it’s very important that people who are at increased risk from flu have their free flu vaccination every year.

What is flu? Isn’t it just a heavy cold? How will I know I’ve got it?
Flu occurs every year, usually in the winter, which is why it’s sometimes called seasonal flu. It’s a highly infectious disease with symptoms that come on very quickly. Colds are much less serious and usually start gradually with a stuffy or runny nose and a sore throat. A bad bout of flu can be much worse than a heavy cold.

The most common symptoms of flu are fever, chills, headache, aches and pains in the joints and muscles, and extreme tiredness. In most cases, the symptoms are quite mild, but in others, they can be very serious.
Healthy individuals usually recover within two to seven days but for some the disease can lead to hospitalisation, permanent disability or even death.

What causes flu?
Flu is caused by viruses that infect the windpipe and lungs. And because it’s caused by viruses and not bacteria, antibiotics won’t treat it.
How do you catch flu?  
Can I avoid it?

When an infected person coughs or sneezes they spread the flu virus in tiny droplets of saliva over a wide area. These droplets can then be breathed in by other people or they can be picked up by touching surfaces where the droplets have landed. You can prevent the spread of the virus by covering your mouth and nose when you cough or sneeze, and you can wash your hands frequently or use hand gels to reduce the risk of picking up the virus.

But the best way to avoid catching and spreading flu is to get protected, before the virus starts to spread, by having the vaccination.

How do we protect against flu?

The most likely viruses that will cause flu each year are identified in advance and vaccines are then made to match them as closely as possible. This year’s vaccine protects against three types of flu virus.

What harm can flu do?

People sometimes think a bad cold is flu, but having flu can be much worse than a cold and you may need to stay in bed for a few days if you have flu.
Some people are more susceptible to the effects of flu. For them it can increase the risk of developing more serious illnesses such as bronchitis and pneumonia, or can make existing conditions worse. In the worst cases, flu can result in a stay in hospital, or even death.

**Am I at increased risk from the effects of flu?**

Even if you feel healthy, you should have the free flu vaccination if you have:

- a heart problem
- a chest complaint or breathing difficulties, including bronchitis or emphysema
- a kidney disease
- lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- liver disease
- had a stroke or a transient ischaemic attack (TIA)
- diabetes
- a neurological condition, for example multiple sclerosis (MS) or cerebral palsy
- a problem with your spleen, for example sickle cell disease, or you have had your spleen removed.
Who else should consider having a flu vaccination?
You should have the flu vaccination if you are:

- aged 65 years or over
- living in a residential or nursing home
- the main carer of an older or disabled person
- a household contact of an immunocompromised person
- a health or social care worker, or
- pregnant (see the next section).

By having the vaccination, paid and unpaid carers will reduce their chances of getting flu. They can then continue to help those they look after.

Don’t wait until there is a flu outbreak this winter: contact your GP or practice nurse now to get your free flu jab.
I am pregnant. Do I need a flu vaccination this year?

Yes. All pregnant women should have the flu vaccine to protect themselves and their babies. The flu vaccine can be given safely at any stage of pregnancy, from conception onwards.

Pregnant women benefit from the flu vaccine because it:

• reduces their risk of serious complications such as pneumonia, particularly in the later stages of pregnancy
• reduces the risk of miscarriage or having a baby born too soon or with a low birth weight, because of flu
• will help protect their baby who will continue to have some immunity to flu during the first few months of its life.

Talk to your GP or midwife if you are unsure about the vaccination.

I am pregnant and I think I may have flu. What should I do?

You should talk to your doctor urgently, because if you do have flu, the medicine prescribed for you needs to be taken very soon after the first symptoms appear.
As you won’t know which flu virus has caused your flu, you should still have the vaccination to protect you against the other flu viruses as soon as the illness has gone.

I had the flu vaccination last year. Do I need another flu jab this year?

The flu vaccine for this winter provides protection against some different strains of flu from last year’s. For this reason we strongly recommend that even if you were vaccinated last year, you should be vaccinated again this year.

What about my children? Do they need the vaccination?

If you have a child over six months of age who has one of the conditions listed on page 4, they should have a flu vaccination. All these children are more likely to become more ill if they catch flu, and it could make their existing condition worse. Talk to your GP or practice nurse about your child having the flu vaccination before the flu season starts.

Babies under six months of age should not have the flu vaccination even if they have an underlying condition.
Can the flu vaccine be given to my child at the same time as other vaccines?
Yes. The flu vaccine can be given at the same time as all routine childhood vaccines. The vaccination can go ahead if your child has a minor illness such as a cold but may be delayed if your child has an illness that causes a fever.

Not all flu vaccines are suitable for children. Please make sure that you discuss this with your GP beforehand.

Is there anyone who shouldn’t have the vaccination?
Almost everybody can have the vaccine, but you should not be vaccinated if you have had a serious allergy to the vaccine in the past.

If you have a serious allergy to hens’ eggs you can still be vaccinated under specialist clinical supervision.
If you have a fever, the vaccination may be delayed until you are better.
Why is a flu vaccination my best protection against flu?

You can do things like washing your hands and using disposable tissues for coughs and sneezes but the vaccination will help your body to fight flu viruses. Your body starts making antibodies against the viruses about a week to ten days after the injection. These antibodies help to protect you against similar flu viruses that you may meet.

The flu vaccine will not protect you against the common cold or other winter viruses.

Will I get any side effects?

There are some fairly common but mild side effects. Some people get a slight temperature and aching muscles for a couple of days afterwards, and your arm may feel a bit sore where you were injected. Any other reactions are very rare.

Will the flu vaccine protect me completely?

Most people who have the flu vaccination will not get flu. However, like any vaccine, it does not give 100% protection. When the vaccine is well matched to the circulating virus strains, then around three-quarters of
those vaccinated are likely to be protected. The rest may have some protection that could reduce the severity of their symptoms.

**How long will I be protected for?**

The vaccine should provide protection throughout the 2012/13 flu season.

**What do I need to do now?**

If you belong to one of the groups mentioned in this leaflet (and you are not allergic to the vaccine), it’s important that you have your flu vaccination. The vaccines are normally available from the beginning of October, depending on supplies.

Speak to your GP or practice nurse, or alternatively your local pharmacist, to book a vaccination appointment and get the best possible protection.

If you are a health or social care worker, find out what arrangements have been made at your workplace for providing flu vaccination.

It is best to have the flu vaccination in the autumn before any outbreaks of flu. Remember that you need it every year, so don’t assume that you don’t need another vaccination because you had one last year.
For more information about how to protect yourself and your family this winter visit nhs.uk/winterhealth
The flu jab is free. So make an appointment with your GP surgery.
Summary of those who are recommended to have the flu vaccine:

- everyone over 65 years of age
- everyone under 65 years of age who has a medical condition listed on page 4, including children and babies over six months of age
- all pregnant women, at any stage of pregnancy
- everyone living in a residential or nursing home
- everyone who cares for an older or disabled person
- household contacts of anyone who is immunocompromised
- all frontline health and social care workers.
Appendix 6: NHS poster: Coughs & Sneezes Spread Diseases

Coughs and sneezes spread diseases

Stop germs spreading

always carry tissues
cover your coughs and sneezes
throw used tissues in a bin
always clean your hands

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Do you want a Flu Jab?

Speak to a member of Staff who will arrange it for you