



Influenza Vaccination for individuals anticipated to experience an extended hospital stay (> 21 days)

Protocol only valid during the influenza vaccination season; between 1st October 2018 and 31st March 2019.

Printed copies must not be considered the definitive version

DOCUMENT CONTROL		PROTOCOL NO.	HPT 5
Policy Group	Infection Control Committee		
Author	Sara Lewis	Version no.	2.0
Reviewer	Sara Lewis	Implementation date	October 2017
Scope (Applicability)	NHS Dumfries and Galloway Board wide		
Status	Approved	Next review date	September 2019
Approved by	HAI Exec Group	Last review date:	September 2018

Change History

The protocol has been amended to bring it in line with the 2018/19 seasonal influenza programme (**14 August 2018**) (SGHD/CMO(2018) 7

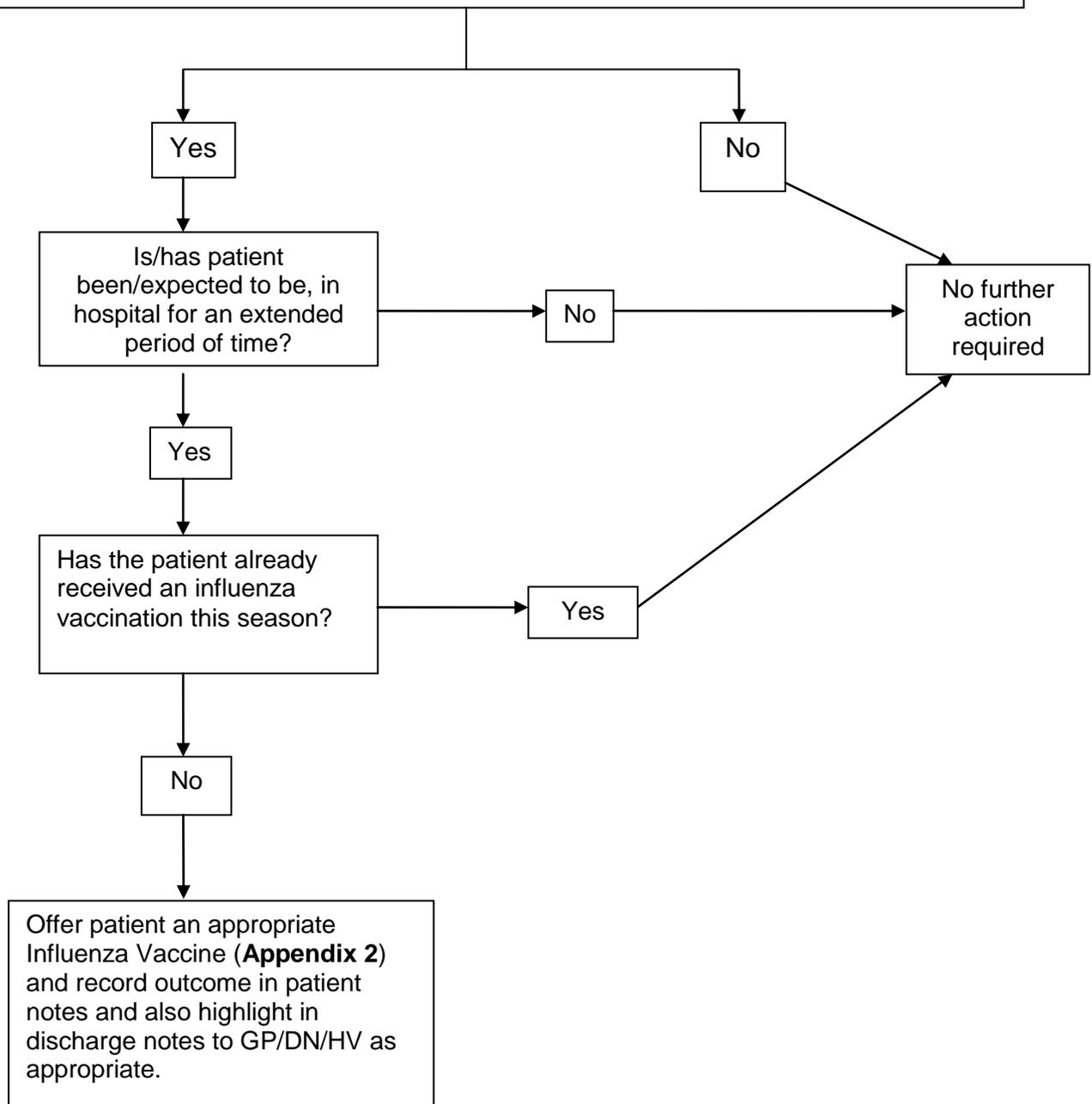
Key Points:

- This year all adults aged 75 years or more will be offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)
- All adults aged 65-74 years will continue to be offered a trivalent inactivated flu vaccine (TIV)
- Additionally those aged 18-64 years with at-risk conditions, including pregnant women will be offered quadrivalent inactivated flu vaccine (QIV)
- Health care workers will also be offered quadrivalent inactivated flu vaccine (QIV)

Influenza Vaccination for patients experiencing extended hospital stays 1st October 2018 to 31st March 2019

Patient in hospital for extended period of time between the 1st October and 31st March and is in an eligible group (**Appendix 1**):

- Pre-school children aged 2-5 years
- All primary school child in P1-P7
- All aged 65 years and over
- In a Clinical At Risk Group
- Pregnant Women
- People in long-stay residential care or homes
- Unpaid carers and young carers



If patient does not receive the Influenza vaccination in hospital they should be advised to attend their GP practice at their earliest convenience to have it administered.

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If patient declines vaccination they should be informed of the protective effects of the vaccine, the risks of infection and complications. Provide advice on the risk of spreading the disease to other members of the public and on measures to limit the spread of infection. Document advice given and decision reached

<p>All patients aged 65 years and over</p>	<p>“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2019</p> <p>“Seventy-five and over” is defined as those aged 75 years and over on 31 March 2019.</p>
<p>Clinical risk category</p>	<p>Examples (this list is not exhaustive and decisions should be based on clinical judgement)</p>
<p>Chronic respiratory disease aged 6 months or older</p>	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease. see <i>precautions section in live attenuated influenza vaccine PGD</i></p>
<p>Chronic heart disease aged 6 months or older</p>	<p>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</p>
<p>Chronic kidney disease aged 6 months or older</p>	<p>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</p>
<p>Chronic liver disease aged 6 months or older</p>	<p>Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes</p>
<p>Chronic neurological disease aged 6 months or older</p>	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</p>
<p>Diabetes aged 6 months or older</p>	<p>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</p>
<p>Immunosuppression (see <i>contraindications and precautions section on live attenuated influenza vaccine</i>)</p>	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder)</p> <p>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.</p> <p>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</p>

	<p>influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>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)</p>
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
People in long-stay residential care or homes	Vaccination is recommended for people in long stay residential care homes or other long stay facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence etc.
Unpaid carers and young carers	Someone who, without payment, provides help and support to a partner, child, 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.
Morbid obesity (class III obesity)*	Adults with a Body Mass Index ≥ 40 kg/m ²

* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category

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. Seasonal flu vaccine can be offered in such cases even if the individual is not in the clinical risk groups specified above.

Further guidance can be found in the updated influenza chapter of the Green Book: Immunisation against infectious disease, available at the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427809/Green_Book_Chapter_19_v9_0_May_2015_.PDF

Appendix 2

Vaccines available for the 2018/19 Season

The vaccines that will be available for the 2018/19 season are detailed in the table below:

Supplier	Name of Product	Vaccine Type	Recommended age group
AstraZeneca UK Ltd	Fluenz Tetra	Live attenuated, nasal (quadrivalent)	From 24 months to less than 18 years of age
Mylan (BGP Products)	Inactivated Influenza Vaccine Mylan Tetra	Surface antigen inactivated virus Quadrivalent inactivated vaccine	18 to 64 years
	Influvac®	Surface antigen inactivated virus Trivalent inactivated vaccine	
Pfizer Vaccines	Influenza vaccine (split virion, inactivated), pre-filled syringe	Split virion, inactivated virus Trivalent inactivated vaccine	65 to 74 years
Sanofi-Pasteur Vaccines	Quadrivalent Influenza Vaccine (split virion, inactivated)	Split virion, inactivated virus Quadrivalent inactivated vaccine	From 18 to 64 years But also recommended in children from six months in whom LAIV is unsuitable
Seqirus Vaccines Ltd	Fluad®	Adjuvanted trivalent inactivated vaccine	aged 75 years and above