

# Autumn COVID-19 and Flu vaccination programme

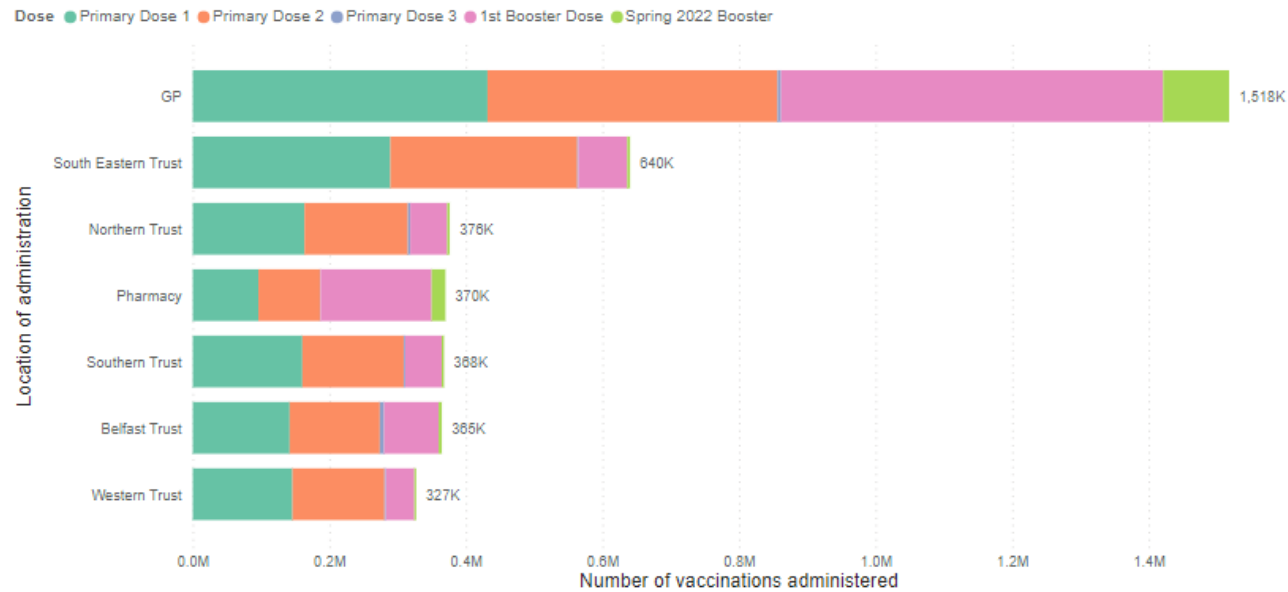
GPI discussion

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# Thank you

- Flu - 535,000 doses last autumn/winter
- COVID -1,518,000 doses

Number of vaccinations given, by type of dose and location of administration, since programme commenced



# Programme



- GPs main provider for most cohorts
- Community pharmacy for care home residents and staff, and “walk in” age 50+ and carers
- Trusts for housebound, schools for flu & clinics including COVID-19 for at risk children

# Information and Training

DoH circulars

[Letters and urgent communications 2022 | Department of Health \(health-ni.gov.uk\)](#)

Green Book

[Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](#)

PGD/national protocols

[PGDs and National Protocols – Primary Care Intranet \(hscni.net\)](#)

Consent

[Consent for examination, treatment or care | Department of Health \(health-ni.gov.uk\)](#)

Cold chain

[Guidance On Vaccine Handling And Storage In GP Practices – Primary Care Intranet \(hscni.net\)](#)

PHA training General

[Health professional resources | HSC Public Health Agency \(hscni.net\)](#)

Flu

[Information for health professionals | HSC Public Health Agency \(hscni.net\)](#)

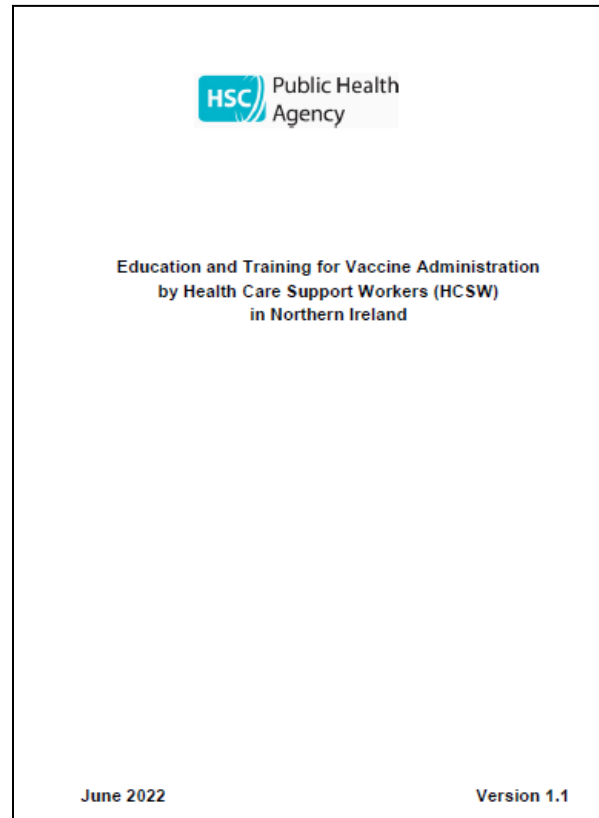
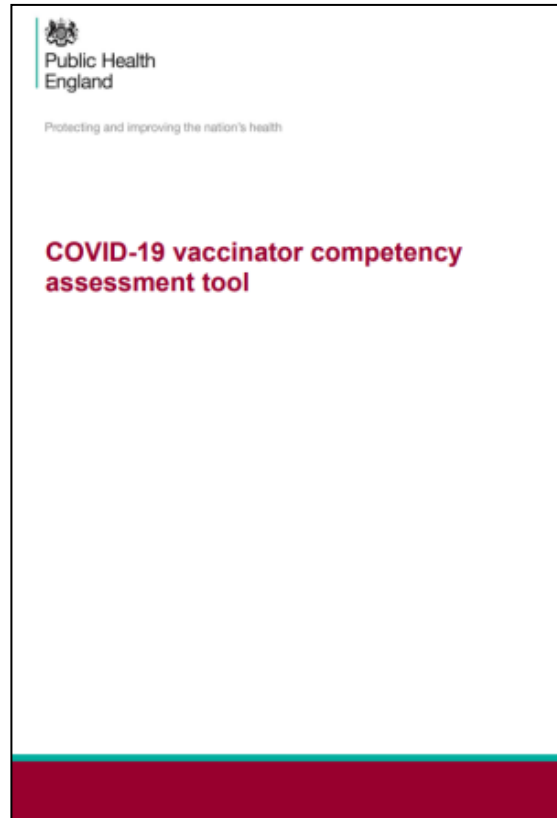
E-learning for health

[Home - elearning for healthcare \(e-lfh.org.uk\)](#)

Clinical Education Centre

[Clinical Education Centre | Clinical Education Centre \(hscni.net\)](#)

# Useful documents



[COVID-19: vaccinator competency assessment tool - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Training Requirements for Non Registered Staff working under the National Protocol \(hscni.net\)](https://hscni.net)

# The Enhanced Services Specifications

Aim to simplify fees and support programme

- Part A – identify and inform
- Part B – vaccinate

Expect most practices will do both parts, if capacity to vaccinate is limited PLEASE DO PART A

# Eligible cohorts for GPs

## BOTH covid & flu

- Frontline practice staff (includes locums and MDT)
- Over 50 (but healthy 50-64 are a lower priority than 65+)
- Clinical risk groups
- Carers
- Household contacts of immunosuppressed

## FLU ONLY

- Pre-school 2-4 year olds

# “Search age” compared to age at vaccination

Searches usually based on age at 31 March 2023

- 64 year olds (65 by end of March) can use QIVc or aQIV (off label)
- 17 year olds (18 by end of March) need referred to trust for COVID vaccination. Can have LAIV or QIVc for flu
- 4 year olds (5 by end of March) can't get COVID vaccine in Trust until 5<sup>th</sup> birthday



# The vaccines

## COVID-19

\*\*\*Bivalent being used for Autumn programme is only for adult boosters\*\*\*  
refer adults needing primary course to pharmacy or Trust, refer children to Trust

- Bivalent Moderna/ Spikevax<sup>®</sup>.

0.5ml dose, 5 doses per vial, 10 vials per pack, 30 day use after defrost

- Bivalent Pfizer/ Comirnaty<sup>®</sup>. (going through approval processes)

0.3ml dose, 6 doses per vial, 10 vials per pack, 70 day use after defrost

## FLU

- aQIV/ Flud<sup>®</sup> Tetra. Aged 65+
- QIVc/ Flucelvax<sup>®</sup> Tetra. Aged 2 up, mostly used for 18-64 year olds
- LAIV/ Fluenz Tetra<sup>®</sup>. Aged 2-17. Nasal.
- QIVe. Age 6 months up, mostly used for 6 month to 2 year olds

# Children at risk including carers and household contacts

Age	Covid	Flu
6 months – 2 years	no	QIVe from GP
2-4 years	no	LAIV from GP
5-15 years	Refer to Trust	LAIV in school (universal)
16 & 17 years	Refer to Trust	Trust will co-administer QIVc or GP can give LAIV

# PGDs and National Protocols

- PGDs are only for registered healthcare professionals
- National protocol can be also be used by registered healthcare professionals instead of PGD
- National protocol includes role for properly trained and supervised non registered healthcare assistants.
- Make sure everyone reads, completes self assessment & any identified training, signs protocol/PGD
- Everyone will need module on bivalent covid vaccines, available soon.
- Patient Specific Directive (SPG) can be used for those without capacity to consent

# Quotas

## FLU

- aQIV/ Fluad<sup>®</sup> Tetra - Initial quota ~ 80% of eligible population
- QIVc/ Flucelvax<sup>®</sup> Tetra - Initial quota ~ 50% of eligible population
- LAIV/Fluenz<sup>®</sup> Tetra nasal - Initial quota ~ 80% of eligible population
- QIVe. Small orders expected

## COVID-19

- Initial quota will be slightly less than combined aQIV and QIVc
- Increasing ~ every 2 weeks

# Orders and Deliveries

- Flu available to order now, deliveries have started
- Most practices likely to order flu and COVID together for co-administration, and will get delivered together
- Allow 5 days from order to delivery.
- Care home deliveries priority next few weeks, may cause delay
- Moderna bivalent has 30 day use from defrost, expect 25 days from delivery
- COVID defrost means no urgent/next day deliveries possible

# Operational

## **For the practice**

- Co-administration flu & COVID is operational decision for practice
- Shingles don't co-administer with COVID-19, Shingrix don't co-administer with aQIV
- No 15-minute observation required unless history of significant reaction
- Initially you will have more flu than covid vaccine
- Over 65s and at risk under 65s have priority over 50-64 not in at risk group
- Practices can work together but must use own vaccine for own patients

## **For the wider programme**

- Please refer housebound to Trusts as early as possible – 30 September
- Please supply care home information if requested as quickly as possible

# Learning from recent years

- Cold chain failures usually human error – boxes on top of fridge, switches turned off by cleaners & workmen.
- Check defrost use by date as well as manufacturers expiry date
- Correct dose from multi-dose vial, especially if using different vaccines during the programme.
- Double vaccination- importance of timely VMS recording
- Uptake is good but not 100%