

**From the Chief Medical Officer**  
Dr Michael McBride



Department of  
**Health**  
An Roinn Sláinte  
Máinystrie O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## **HSS(MD) 59/2020 (ADDENDUM)**

For Action:

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/NIAS  
GP Medical Advisers, Health and Social Care Board  
All General Practitioners and GP Locums (*for onward distribution to practice staff*)

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Your Ref:  
Our Ref: HSS(MD) 59/2020 (addendum)  
Date: 19 November 2020

Dear Colleague

### **ADDENDUM TO HSS(MD) 59/2020 - SEASONAL INFLUENZA VACCINATION PROGRAMME**

**QIVe as an alternative to QIVc in health and social care workers and at risk adults (aged 18 to 64), including pregnant women, and for use in those aged 65 and over where aTIV is not available**

#### **ACTION REQUIRED**

##### **Public Flu Vaccination Programme**

Chief Executives must ensure this information is drawn to the attention of all staff involved in the seasonal flu vaccination programme, including:

- school health teams, health visitors, community children nurses, and paediatricians
- physicians managing patients with chronic medical conditions, oncologists, geriatricians, district nurses, treatment room nurses
- midwives, obstetricians
- Occupational Health Departments, Trust Peer Vaccinators

The HSCB must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the seasonal flu vaccination programme.

1. This is an addendum to the seasonal influenza vaccination programme letter issued on 18<sup>th</sup> August 2020.
2. The purpose of this letter is to advise you that due to the Department having sourced additional QIVe vaccine that has now arrived in Northern Ireland, the recommended vaccines for frontline health and social care workers and at risk adults (aged 18 to 64), including pregnant women, has been expanded to include

QIVe. Additionally, the recommended vaccines for those aged 65 and over has been expanded to include QIVe, where aTIV or QIVc are not available.

3. In summary, recommended vaccines for the national flu immunisation programme for adults are:

- for those aged 65 and over – the adjuvanted trivalent influenza vaccine (aTIV), with the cell-based quadrivalent influenza vaccine (QIVc) offered where aTIV is unavailable or contraindicated. Where neither aTIV or QIVc are available, the egg-based Quadrivalent Inactivated Vaccine (QIVe) should be offered.
- for frontline health and social care workers and under-65s at risk, including pregnant women, offer QIVc or, as an alternative, the egg-grown quadrivalent influenza vaccine (QIVe)
- For anyone aged 9 years of age or older who has had **confirmed anaphylaxis to egg (requiring intensive care)** a cell-grown Quadrivalent Influenza Vaccine (QIVc) should be used.
- The adjuvanted influenza vaccine (aTIV) however, has a higher ovalbumin content and is **NOT** suitable for egg allergic patients. Any egg allergic patient aged 65 years and above should be offered the Inactivated Quadrivalent Influenza vaccine (QIVc).

4. The annual flu immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and care services during the winter. Flu vaccination will help protect our staff from flu. It will help to reduce GP consultations, unplanned hospital admissions, pressure on Emergency Departments and staff sickness levels. In light of the ongoing pandemic this will be more important than ever.

5. **Summary table of which influenza vaccines to offer**

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer <b>QIVe</b> .  LAIV and QIVc are not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer <b>LAIV</b>  If LAIV is contraindicated offer:  • <b>QIVe</b> to children less than 9 years of age.  • <b>QIVc</b> should ideally be offered to children aged 9 years and over who access the vaccine through general practice. Where QIVc vaccine is unavailable, GPs should offer QIVe.

	<ul style="list-style-type: none"> <li>• It is acceptable to offer only <b>QIVe</b> to the small number of children contraindicated to receive LAIV aged 9 years and over who are vaccinated in a primary school setting.</li> </ul>
<b>Aged 2 and 3 years on 31 August 2020, all primary school aged children (aged 4 to 10 on 31 August 2020)</b>	<p>Offer <b>LAIV</b></p> <p>If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (see above).</p>
<b>Year 8 (first year) in secondary schools</b>	<p>Offer <b>LAIV</b></p> <p>If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (see above).</p>
<b>At risk adults (aged 18 to 64), including pregnant women</b>	<p>Offer:</p> <ul style="list-style-type: none"> <li>• <b>QIVc</b></li> <li>• <b>QIVe</b> (as an alternative to QIVc)</li> </ul>
<b>Those aged 65 years and over</b>	<p>Offer:</p> <ul style="list-style-type: none"> <li>• <b>aTIV*</b> should be offered as it is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines. (aTIV is not suitable for those with egg allergy).</li> <li>• <b>QIVc</b> is suitable for use in this age group if aTIV is not available.</li> <li>• <b>QIVe</b> is suitable for use in this age group if aTIV is not available or if QIVc is not available (QIVe is not suitable for those with egg allergy).</li> </ul> <p>* It is recommended that those who become 65 before 31 March 2021 are offered aTIV 'off-label'.</p>

Yours sincerely



**Dr Michael McBride**  
Chief Medical Officer



**Professor Charlotte McArdle**  
Chief Nursing Officer



**Mrs Cathy Harrison**  
Chief Pharmaceutical Officer

## Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)  
Directors of Pharmacy HSC Trusts  
Director of Social Care and Children, HSCB  
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)  
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)  
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)  
Directors of Children's Services, HSC Trusts  
RQIA (*for onward transmission to all independent providers including independent hospitals*)  
Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers and practice based pharmacists*)  
Regional Medicines Information Service, Belfast HSC Trust  
Regional Pharmaceutical Procurement Service, Northern HSC Trust  
Donna Fitzsimons, Head of School of Nursing and Midwifery QUB  
Sonja McIlpatrick, Head of School of Nursing, University of Ulster  
Caroline Lee, CEC  
Donna Gallagher, Open University  
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU  
Professor Carmel Hughes, Head of School, School of Pharmacy, QUB  
Professor Colin Adair, Director of the NI Centre for Pharmacy Learning and Development, QUB

This letter is available on the Department of Health website at

<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>