DOCUMENT CONTROL PAGE Manchester U NHS Foundation Title: Patient Influenza Vaccine 2020/2021- Decision Aid Version: 1 Reference Number: TBA Supersedes: Supersedes ORC WH TGH Document Nil Nil Nil Version Significant Changes: Date Amendment Notified To Date Summary of amendments Originated / Modified By: TGH **ORC** WH Author **Pharmacist** Helen Isherwood- Medicines Information pharmacist. Frances Garraghan- Antimicrobial Lead Pharmacist. Adele Mackellar/Lisa Kershaw- Medicines Optimisation Consulted Consultant See Committees below Nursing Designation: Ratification Scope **Meeting/Chairs Action** Date Antimicrobial Flu Committee October 2020 AMSC October 2020 Application RMCH TGH **MREH MRI** UDHM WH SMH WCH Issue Date: 30th October 2020 Circulation Circulated by: Frances Garraghan Dissemination and Implementation: Review Date: October 2021 Responsibility of: Lead antimicrobial stewardship pharmacist Date placed on the Intranet: Please enter your EqIA Registration Number here: This will be part of the 2020/21 Flu policy 29/10/2020

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Patient Influenza Vaccine 2020/2021 Summary



Background: The focus of this year's MFT patient influenza vaccination campaign is to vaccinate the high risk inpatients and outpatients who might otherwise miss the opportunity to receive the vaccination in community.

Which patients are being targeted for flu vaccination?

	INPATIENTS	
Target patients	Inpatients 'at risk' with a length of stay of over 3 weeks on specified dates	
Identified	Suitable patients will be electronically identified by the clinical team on the ward.	

OUTPATIENTS				
Day case "shielding" patients who are attending a specialist clinic				
Opportunistically				

To preserve supplies- different vaccines are allocated to the main cohorts; Adults Obstetrics Paediatrics

Which Vaccines are available for which cohorts?

			Adults	Obstetrics			Paediatrics			
						Inpatient		Outpatient		
							<6 months	>6months+	<2 years	> 2 years
Option			OPTION	OPTION			Discuss with	OPTION	Discuss with	OPTION
			Α	0			immunology	P-IN	immunology	P-OUT
Manufacturer			Sequiris	Sanofi			Sanofi		Astra Zeneca	
Vaccine			ucelvax Tetra Quadrivalent				Quadrivalent		Fluenz	
		Quad	rivalent (cell based)	vaccine intramuscular OR Deep				Influenza		Tetra
			Vaccine					vaccine		Vaccine
Route			intramuscular					Subcut		Intra-
			injection	injection		Subcut		injection		nasal
Contraind Cautions	ications/	•	Febrile Patient- re							
Cautions		•	If the patient is ac	utely unwell a	t the	time of	vaccination, t	here should be	a discussion	with the
			consultant first ab	out the appro	priat	eness of	vaccination a	t that time.		
Allergies	General	•	Allergy to excipier	nts. See individ	ual p	roduct l	iterature			
		In practice- caution should be raised in patients with hypersensitivity to egg (ovalbumin) or								
			•	contains Contains ovalbumin or chicken protein		its with hypersensitivity to egg (ovalbannin) or			, 0.	
	Egg		neoniyeniy gentan				Contains		Contains	
	-88						ovalbumin or		gelatine	
							chicken protein		J	
Consent		Verbal consent must be obtained from the patient/carer prior to vaccination. Refer to the MFT consent								
		policy for further information.								
Pre-vaccin	ation	The influenza vaccination must only be administered in an area where anaphylaxis equipment is accessible								
checks		during an immunisation session. All staff must have appropriate training in resuscitation.								
			persensitivity sympto				•	<u> </u>		
		Flushing (warmth and redness of the skin)								
Adverse R	eaction	Itching, hives								
		A feeling of Anxiety, "impending Doom"								
		Irregular or rapid pulse, can be difficult to feel								
		 Low blood pressure, light headedness, loss of consciousness 								
		Breathing difficulties								
		Suspected adverse reactions must be reported to the MHRA via the <u>Yellow Card Scheme</u> card, including the brand								
		/expiry date and batch number in addition submitting a hospital incident report.								
Audit		A spreadsheet will be kept by the hospital flu leads of all staff trained to provide the Influenza								
		vaccination.								
		 Any reported adverse incidents, errors or events during or post vaccination must follow determined 								
		procedures. In addition teams must keep a local log of reports as per local policy.								
		 Monthly data must be recorded to denote uptake of vaccination in each clinic which is providing the 								
		vaccine. This information must be sent to pharmacy by the flu leads on a monthly basis.								
		 Pharmacy will audit inpatient administration via dispensing records. 								
		Pnarmacy will audit inpatient administration via dispensing records.								

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	INPATIENTS		OUTPATIENTS		
Authorised and Assessed for suitability by	Medical Prescriber OR Non-medical prescriber (NMP)		Medical Prescriber OR Non-medical prescriber (NMP)	Staff via PGD who have completed the patient PGD training this year for administration to patients.	
Authorisation Framework	Via a prescription.		Via a prescription.	Via a Patient Group Direction (PGD).	
Authorisation Documentation	Stat section of the patient's drug Kardex. Prescribed on hospital See PGD stationary				
Relevant questioning	Relevant questioning- • Have you had your flu injection this year? For inpatients pharmacy will record this on the medicines reconciliation page of the Kardex • Are you well today? • Have you had a severe reaction to the flu vaccine or any other injection before? • Can you eat eggs? Are you allergic to eggs or egg products? • Are you allergic to neomycin/gentamicin/aminoglycosides. Note- These questions are not exhaustive. See SPC for full Contraindications and cautions.				
Consent	Healthcare professional discusses the vaccination with the patient/carer for paediatrics and obtains verbal consent; this is documented in the medical records.				
Administration	Administered by a nurse/midwife/doctor		Administered by a nurse/midwife/doctor	See PGD. This is normally- the person authorised under the PGD	

How can you obtain supplies of flu vaccines for patients?

		INPATIENTS		OUTPATIENTS		
Supplies from	High Usage	High use areas will have stock available. Vaccines must be batch track recorded within a register which has been sent to flu leads.				
Supp	Low Usage	Low usage areas will need to liaise with ward pharmacist to order per patient. N/A N/A				
Fridge	Storage					
	Point of use	Healthcare professional obtains the appropriate influenza vaccination from the fridge.				

How do I communicate that patients have been administered a flu vaccine to the GP?

	INPATIENTS	OUTPATIENTS
Communication	Inpatients must have details of vaccination documented in their TTO.	
	Additionally, GP surgery must be sent the standard letter by the healthcare professional administering the vaccine.	Outpatients- GP surgery must be sent the standard letter by the healthcare professional administering the vaccine.

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