

Frequently Asked Questions to support adjuvanted trivalent vaccine (aTIV - Fluad) for over 65s

1) Who do I prioritise for the aTIV vaccination?

If limited aTIV stock is available (for example at the beginning of the flu vaccination season), those aged 75 years and over and those aged 65-74 years with an underlying clinical risk factor should be prioritised for receiving the aTIV vaccine. Once these groups have been covered, all other 65-74 year olds should then be targeted as further deliveries of aTIV vaccine become available.

2) How do I plan my clinic's for those aged 65 and over with aTIV?

We recognise that this group of patients attend flu vaccination clinics regularly and may be familiar with how you usually deliver flu vaccines in your practice. This year arrangements will need to be modified because of the different recommendations for different age groups and the phased delivery of aTIV. The following pointers may help your planning for over 65s this year:

- Communicate with your patients from August onwards, through all the communications channels you usually use: website, posters, messages on prescriptions, patient participation groups, local newsletters etc.
- Messages in the national communications and marketing strategy will support the specific circumstances in 2018-19, i.e. vaccination will be offered to everybody by December so make sure you get vaccinated by then.
- Under the Enhanced service, GP practices are required to call all eligible patients for vaccination. Writing to patients could be a good way to manage the attendance of patients at flu clinics based on the availability of the vaccine.
- There is good evidence to show that once a patient is vaccinated, it takes around 2 weeks to develop an immune response. The key message is that whilst we encourage people to get vaccinated by December, 'it is never too late to have your flu jab'.
- Influenza activity does not usually begin to increase from baseline levels in the UK until December; though it can be earlier, therefore vaccines given in early November are still likely to be 'in time' to provide protection for the flu season.
- Practices could use the profile of their population aged 65 years and over to inform the phasing of invitations; matching specific practice populations against aTIV deliveries to the practice as set out in the table below:

Priority	Patient Groups	Rationale
1	Those aged 75 years and over Those in care homes	This group have been shown over recent years to be at highest risk of poor outcome from influenza and often have the poorest response to standard dose non-adjuvanted vaccines. Vaccination aims to reduce influenza outbreaks in care homes and the impact this has on health and care services as well as to protect vulnerable individuals.
2	65 to 74 year olds in a clinical risk group	More vulnerable to severe disease following influenza because of underlying medical condition and to benefit from aTIV
3	65 to 74 year olds NOT in a clinical risk group.	Increased age elevates the risk of poor outcomes following infection with influenza aTIV is the recommended vaccine.

3) What happens if I don't have enough aTIV for my over 65s population?

Over 75s and those with underlying clinical risk factors should be prioritised. When your stock of aTIV has been exhausted and no further deliveries are expected, all over 65s should be directed to a local pharmacy to receive aTIV vaccination. Quadrivalent inactivated vaccine (QIV) should not be offered to those aged 65 years and over, other than in **exceptional circumstances**. Before offering this second line option, however, individuals should have been sign-posted to other providers to access the recommended vaccine, as appropriate. In the event that aTIV is not available, is highly unlikely to become available, and all other options have been exhausted, then QIV may be offered. Patients must be fully informed regarding actions taken and why QIV is being administered rather than aTIV. This discussion and rationale should be recorded in their notes.

4) What if I have no stock of aTIV?

Over 65s should be sign-posted to a local pharmacy to receive aTIV in the first instance. Published data indicates that the adjuvanted vaccine has higher immunogenicity and effectiveness than non-adjuvanted vaccines in the elderly. Modelling indicates that the adjuvanted vaccine would be highly cost-effective in both the 65-74 and 75 year and over age groups, with large reductions in GP consultations and hospitalisations. Quadrivalent inactivated vaccine (QIV) should not be offered to those aged 65 years and over, other than in **exceptional circumstances**. Before offering this second line option, however, individuals should have been sign-posted to other providers to access the recommended vaccine, as appropriate. In the event that aTIV is not available, is highly unlikely to become available, and all other options have been exhausted, then QIV may be offered. Patients must be fully informed regarding actions taken and why QIV is being administered rather than aTIV. This discussion and rationale should be recorded in their notes.

5) Can I give over 65s QIV?

QIV should not be offered to those aged 65 years and over, other than in **exceptional circumstances** and in the event that aTIV is not available and highly unlikely to become available (i.e. patients have been sign-posted to local pharmacies and there is no supply of aTIV available for them to access in the wider local system).

QIV may be offered as a second line option. If in these circumstances you are offering QIV to those over 65s, when gaining consent for immunisation, practitioners should ensure they inform the individual the vaccine is not one nationally recommended for them. Healthcare practitioners should ensure they explain to the individual the possible lower efficacy of the vaccine being offered to them, why it is being offered instead of the recommended vaccine and why it may still offer protection against seasonal flu, or attenuate the progression of the infection should they get it. The discussion should be documented in the individuals' patient records.

6) If I have no stock of aTIV do I need to call in my over 65s?

As a requirement of the enhanced service specification practices should invite all their eligible patients that are recommended to receive the flu vaccine by letter, email, phone call, or text. If you have no stock of aTIV the patient should be directed to a local pharmacy to receive the vaccination to ensure the patient is offered the most effective vaccine. If there is no supply of the recommended vaccine in the wider system they may need to be offered QIV as a second line option and may potentially receive this at the practice. This will need to be explained in the invite.

7) What is covered under the PGD?

The aTIV (Fluad[®]) is recommended, as the adjuvanted vaccine is more effective than non-adjuvanted vaccine in over 65s. The use of the aTIV (Fluad[®]) should be a priority for those aged 75 years and over, given that the non-adjuvanted vaccine has shown limited effectiveness in this group over recent seasons.

Fluad[®] (aTIV) is licensed for administration to individuals aged 65 years and over. It may be administered under the PGD to 64 year olds turning 65 years of age by 31 March 2019 in accordance with the recommendations for the national influenza immunisation programme for 2018/19.

QIV should be offered as a second line option to aTIV **only in exceptional circumstances** i.e. if aTIV is unobtainable or otherwise unsuitable (e.g. due to egg allergy). If offering QIV to individuals for whom it is not recommended, when gaining consent for immunisation, practitioners should ensure they inform the individual the vaccine is not one nationally recommended for them. Healthcare practitioners should ensure they explain to the individual the possible lower efficacy of the vaccine being offered to them, why it is being offered instead of the recommended vaccine and why it may



still offer protection against seasonal flu, or attenuate the progression of the infection should they get it. The discussion should be documented in the individuals' records.

8) What are the arrangements for housebound patients?

In some areas, such as Devon and Cornwall, a shared fee scheme is in operation where an offer is made for the local community nursing team to vaccinate housebound patients. Practices wishing to participate in the scheme must ensure that they will have the appropriate vaccine available for patients that they refer to the community provider. Any anticipated issues with the timing of vaccine availability should be communicated to the community provider at the time of referral. The expectation, as per this document, is that aTIV should be administered on the basis of clinical priority; many of the housebound patients referred to the community provider will be in priority groups 1 and 2. Practices who do not have a supply of aTIV would not be expected to refer any patients aged 65 or over to their community provider at this stage. These practices will be contacted separately to discuss local arrangements for all of their patients aged 65 and over.

Useful links

<https://www.gov.uk/government/collections/annual-flu-programme#2018-to-2019-flu-season>

<https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

<https://www.england.nhs.uk/south/info-professional/pgd/bgsw/downloads/>

South West Team Flu Contacts

england.swscreeningandimms@nhs.net For practices in Bristol, North Somerset, South Gloucestershire, Somerset, Devon, Cornwall & Isles of Scilly and Dorset

england.bgswareateampublichealth@nhs.net For practices in B&NES, Gloucestershire, Swindon and Wiltshire