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NHS England

Community pharmacy advanced service specification

Seasonal influenza vaccination 1 September 2025 - 31 March 2026

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Contents

The terms within this advanced service specification may be subject to renegotiation during the seasonal influenza season where significant changes to supply or distribution of vaccines occurs, or where Patient cohorts are changed.

1. Service description and background

1.1. For most healthy people, seasonal influenza is an unpleasant disease, but one that usually resolves without treatment. However, older people, pregnant women and those with underlying diseases are at particular risk of severe illness if they contract it.

1.2. Seasonal influenza is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressures on A&E. To improve access to NHS seasonal influenza vaccination for eligible patients, NHS England has commissioned an advanced service for community pharmacies to provide seasonal influenza vaccinations since 2015.

1.3. During the seasonal influenza vaccination campaign period, pharmacy staff will identify people eligible (either directly, or through people proposing themselves) for seasonal influenza vaccination and encourage them to be vaccinated. This advanced service covers patients aged 18 years and older who are eligible to receive the seasonal influenza vaccination as set out in the Annual Flu Letter[1] and Annex A of this document.

2. Aims and intended service outcomes

2.1. The aims of this advanced service are:

- To sustain and maximise uptake of seasonal influenza vaccine in at risk groups[1] by continuing to build the capacity of community pharmacies as an alternative to general practice attendance;
- to protect those who are most at risk of serious illness or death should they develop seasonal influenza, by offering protection against the most prevalent strains of the seasonal influenza virus through administration of seasonal influenza vaccination to eligible Patients; and

[1] The at-risk groups and UKHSA target vaccination levels are set out in the annual Flu Letter

- to provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

3. Service specification

3.1. The patient cohorts eligible for seasonal influenza vaccination from the service commencement date (as set out at paragraphs 3.4 and 3.5) under this advanced service, unless contraindicated, are those patients included in the Annual Flu Letter ("Patients") and listed in Annex A. The commissioner will announce and authorise the vaccination of Patients. This may include the priority order or staggered dates for vaccination of Patients. Pharmacy contractors must ensure that Patients are vaccinated in accordance with the announcement and authorisation by the commissioner. Groups eligible for seasonal influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) who review the latest evidence on seasonal influenza vaccines and recommend the type of vaccine to be offered to Patients.

3.2. The pharmacy contractor is required to offer Patients the opportunity of receiving a seasonal influenza vaccination at an acceptable location (in accordance with the Pharmaceutical Services (Advanced and Enhanced Service) (England) Directions. Patients do not require an NHS number or general practice registration and should not be denied vaccination on this basis. The vaccine is to be administered by an appropriately trained vaccinator, authorised under the England Inactivated influenza vaccine Patient Group Direction (PGD) or the National Protocol.

3.3. Subject always to paragraphs 3.4 and 3.5, the service specification will come into force on 1 September 2025 and shall continue until 31 March 2026.

3.4. Pharmacy contractors must not commence the administration of vaccinations under this advanced service prior to the service commencement date.

3.5. The service commencement date will be announced and authorised by the commissioner.

3.6. Any priority order for the administration of vaccinations to Patients will also be announced and authorised by the commissioner.

3.7. Pharmacy contractors should aim to schedule their seasonal influenza vaccination service to maximise the administration of the vaccinations (following the service commencement date) to Patients by 30 November 2025.

3.8. The pharmacy contractor shall only administer the seasonal influenza vaccination using one of the recommended seasonal influenza vaccines as listed in the Annual Flu Letter.[2] First line vaccines should be ordered for a given cohort and clinics should be planned using a recommended first line vaccine. Once the programme has started, if pharmacy contractors need additional stock, second line vaccines should only be ordered if a first line vaccine is not available to order from any manufacturer or the pharmacy's regular wholesalers. See Annex B for further details of recommended vaccines.

3.9. Pharmacy contractors must ensure that vaccinations offered under this advanced service are provided in line with Immunisation against infectious disease (The Green Book)[3] which outlines all relevant details on the dosage, timings and administration of the vaccine, and disposal of clinical waste. Pharmacy contractors must ensure that vaccination is offered in line with any JCVI guidance on the co-administration of vaccinations or the required interval between any vaccinations, including where they have been administered by another provider.

3.10. The pharmacy contractor must have a standard operating procedure (SOP) in place for this advanced service, which includes procedures to ensure cold chain integrity. The SOP must include the process for escalation of any issues identified, signposting details, record keeping and staff training. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service, are familiar with and adhere to the SOPs. The SOPs should be reviewed regularly, including following any significant incident or change to the service.

[2] https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2025-to-2026

[3] https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

3.11. All vaccines are to be stored in accordance with the manufacturer's instructions and all associated guidance set out in the 'Storage distribution and disposal of vaccines chapter of the Green Book'[4]. All refrigerators in which vaccines are stored are required to have a maximum/minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days and appropriate action taken in a timely manner when readings are outside the recommended temperature. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure that appropriate measures are taken to ensure the integrity of the cold chain, as well as meeting all other relevant standards.

3.12. Each Patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine or be directed to a web-based version of the leaflet.

3.13. Prior to vaccination, informed consent must be sought from each Patient to the administration of the vaccine. Patient consent should be recorded in the pharmacy's clinical record.

3.14. The Patient must be informed that information relating to their vaccination will be shared with:

- their registered general practice, for the appropriate recording of the vaccination in their medical record;
- the NHS Business Services Authority (NHSBSA) for the purpose of making payments to the pharmacy and post-payment verification (PPV);
- the commissioner and the UK Health Security Agency (UKHSA) for managing and monitoring vaccination programmes. Data that has been pseudonymised may be used for evaluation and research purposes.

3.15. Where a Patient presents with an adverse drug reaction following the initial vaccination and the pharmacy professional (pharmacist or pharmacy technician) believes this is of clinical significance, such that the Patient's

[4] https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3

registered general practice should be informed, this information should be shared with the registered general practice as soon as possible and a 'Yellow Card'[5] report submitted.

3.16. The pharmacy contractor is required to report any Patient safety incidents in line with the Clinical Governance Approved Particulars[6] for pharmacies.

3.17. The pharmacy contractor is expected to follow the UKHSA: "Vaccine incident guidance"[7], responding to errors in vaccine storage, handling and administration.

3.18. The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste and personal protective equipment related to the provision of this advanced service (including where the vaccination is undertaken off the pharmacy premises).

4. Training and premises requirements

4.1. To provide the advanced service, there must be a consultation room at the pharmacy, which meets the applicable requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Vaccinations must take place in a consultation room wherever the Patient expresses this preference. Vaccinations can also be offered in any area where suitable facilities are available, infection control standards can be maintained, and Patient confidentiality and dignity is able to be respected.

4.2. Vaccinations under this advanced service will usually be carried out on the pharmacy premises, but they can also be undertaken in other suitable locations, such as in the Patient's home, a long-stay care home, a long-stay residential facility or community venues (e.g. community centres). The pharmacy contractor must obtain consent from the commissioner if they wish to carry out vaccinations at a location off the pharmacy premises.

4.3. The responsible pharmacist at the registered pharmacy premises is professionally responsible for overseeing this advanced service. If the

[5] https://yellowcard.mhra.gov.uk/
[6] https://www.gov.uk/government/publications/clinical-governance-approved-particulars
[7] https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

responsible pharmacist is unable to provide sufficient oversight, for example due to workload or where vaccinations are undertaken off the pharmacy premises, an on-site pharmacist or pharmacy technician responsible for the delivery of the advanced service must be linked and work closely with the responsible pharmacist and superintendent pharmacist through an appropriate governance framework to ensure appropriate oversight of the service.

4.4. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure there is an on-site pharmacist or pharmacy technician responsible for the delivery of the advanced service (or delivering the vaccination service themselves) and that vaccinators:

4.4.1. are delivering vaccines in accordance with the Inactivated influenza vaccine Patient Group Direction or the National protocol for inactivated influenza vaccine, as appropriate;

4.4.2. have professional indemnity that covers off-site vaccinations;

4.4.3. continue to adhere to all professional standards relating to vaccinations;

4.4.4. follow appropriate cold-chain storage measures;

4.4.5. ensure that the setting used to administer the vaccinations is appropriate (including ensuring Patient confidentiality as appropriate); and

4.4.6. appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.

4.5. The pharmacy contractor must ensure that vaccinators:

4.5.1. have undertaken appropriate training in line with the National Minimum Standards[8] and Core Curriculum for Immunisation Training. Annual updates should be undertaken to ensure knowledge and practice remain current. Periodic face to face refresher training for vaccinators should be considered to ensure

[8] National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners, revised February 2018

consistency of practice, peer support and to discuss any clinical issues that are arising in practice;

4.5.2. are competent to deliver the service. Competence can be demonstrated by using, for example, the vaccination services Declaration of Competence (DoC)[9] for registered pharmacy professionals or the UKHSA competency assessment tool.[10] The pharmacy contractor must keep evidence of competency relating to any staff that they employ/engage to deliver the service;

4.5.3. are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place; and

4.5.4. have a valid DBS certificate if vaccinations are to be undertaken in the Patient's own home (including a care home).

5. Service availability

5.1. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No Patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

5.2. If the pharmacy temporarily or permanently ceases to provide the service, they must update their NHS website profile as soon as possible to reflect that the service is not available from the pharmacy.

5.3. Pharmacy contractors are strongly encouraged to offer seasonal influenza vaccinations through the National Booking System (NBS) to eligible patients. Where the pharmacy contractor does use NBS to offer vaccination appointments, they must comply with the requirements of the NBS, including ensuring that accurate information is published and in uploading

[9] The Declaration of Competence is available on the CPPE website: https://www.cppe.ac.uk/doc
[10] Flu vaccinator competency assessment tool

appointment / clinic times in a timely way to allow Patient bookings to take place.

6. Data collection and reporting requirements

6.1. Pharmacy contractors must use an NHS assured point of care system to record the administration of vaccinations.[11]

6.2. The pharmacy contractor must maintain appropriate electronic records to ensure effective ongoing service delivery, in line with the terms of this section. Records must be managed in line with 'Records Management Code of Practice for Health and Social Care'.[12]

6.3. The necessary records required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with this service specification, and to assist with PPV activities. These records must be provided by a pharmacy contractor when requested by the NHSBSA Provider Assurance Team. Pharmacy contractors should ensure that clinical records for the service are retained for the appropriate period. This retention period may be beyond the specified period for PPV purposes and should be in line both the requirements for the record type and the age of the person being vaccinated.

6.4. The pharmacy contractor must ensure that any staff recording the administration of the vaccination have received relevant training to be able to update records appropriately and accurately. There must be robust user and access management processes to ensure high levels of security, including frequent updates to system access levels to add users who join the pharmacy team or remove accounts where staff leave or do not have shifts scheduled at the pharmacy.

6.5. One point of care system must be used to record vaccinations in any calendar month except where it is necessary to make amendments to previously recorded vaccination events or where this has been agreed with the commissioner during the transition to a new point of care system.

[11] https://digital.nhs.uk/services/vaccinations-point-of-care/community-pharmacy

[12] https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

6.6. Pharmacy contractors must adhere to defined standards of record keeping ensuring that the vaccination event is recorded on the same day that it is administered unless exceptional circumstances apply. Pharmacy contractors must ensure that vaccination records are complete and include all of the required fields about the Patient, including their name and date of birth, and the name of the vaccine product in their NHS assured point of care system.

6.7. Where the point of care system is unavailable due to exceptional circumstances beyond the control of the pharmacy contractor, then the record of vaccination events must be added to the point of care system as soon as possible after the point of care system becomes available again.

6.8. Where a record of the vaccination needs amending or has not been created on the point of care system, the pharmacy contractor shall be responsible for undertaking the amendment or creation as soon as reasonably possible following notification from the Patient or another healthcare professional that the record is not complete or correct.

6.9. Data recorded via the point of care system regarding the Patient's vaccination will be shared with the Patient's registered general practice (where this is known) automatically on the day of provision or on the following working day. This will be sent as a structured message in real-time by the NHS approved point of care system. If the structured message system is not available or fails, the pharmacy contractor must ensure a copy of the vaccination notification is sent or emailed (via NHSmail) to the Patient's registered general practice as soon as reasonably possible.

6.10. Some of the data recorded in point of care systems will be shared with the NHSBSA Manage Your Service (MYS) platform as part of normal payment arrangements (see section 7 below). An application programming interface (API) is in place to facilitate transfer of this data into the MYS platform to improve payment claim accuracy.

6.11. The pharmacy contractor must promptly comply with any reasonable request for information from the commissioner relating to this advanced service.

6.12. Personal Data recorded in point of care systems will be flowed to the commissioner for managing and monitoring vaccination programmes; it will

be shared with the UKHSA under a Data Sharing Agreement. Data that has been pseudonymised may be used for evaluation and research purposes.

7. Payment arrangements

7.1. Claims for payments for this advanced service must be made via the NHSBSA's MYS platform. Claims for payment should be submitted by the 5th of the month following the month the activity was provided, and no later than three months from the claim period for the chargeable activity provided (the usual grace period). Claims which relate to work completed more than three months after the claim period in question, will not be paid and the pharmacy contractor will not receive any payment for the administration of those vaccinations. Later claims will not be paid, unless the submission of a claim was delayed by IT issues outside the contractor's control (such as issues with the NHS approved API system used by the contractor or with the MYS portal). Such claims will be accepted outside the usual grace period within twelve months of the date by which the claim should have been submitted. This is subject to the NHSBSA receiving evidence of the IT issue, and only if investigation finds that the evidence demonstrates that the IT issue was outside the control of the contractor, and it delayed the claim submission.

7.2. A fee payment will be made in line with the Drug Tariff determination[13] per administered dose of the seasonal influenza vaccine.

7.3. The pharmacy contractor will also be reimbursed for the cost of the seasonal influenza vaccine administered[14]. An allowance at the applicable VAT rate will also be paid.

7.4. Pharmacy contractors must record the administration of the vaccination in accordance with paragraph 6.6 in the point of care system prior to making the claim for payment. There will be no provision for manually altering claims via the MYS platform.

7.5. The pharmacy contractor will not be reimbursed or remunerated, under this advanced service, for the administration of the seasonal influenza

[13] Funding for this service will be in addition to and outside of the core CPCF funding.
[14] Any purchase margin by pharmacies relating to the seasonal flu vaccine would be included in the calculation of allowed purchase margin that forms a part of agreed NHS pharmacy funding.

vaccination or the vaccine administered outside of the eligibility criteria as set out in this advanced service for vaccination. The pharmacy contractor will not be paid for vaccinations administered:

7.5.1. to patients who are not in a cohort eligible for seasonal influenza vaccination (as set out in the Annual Flu Letter and as set out at Annex A);

7.5.2. outside of the announced and authorised priority order and dates during which the pharmacy contractor may administer the vaccination to Patients; or

7.5.3. using vaccines which are not included in the list of recommended licensed vaccines in the Annual Flu letter and the Green Book.

8. Post-payment verification

8.1. The commissioner has a duty to be assured that where contractors make claims for payment for activity in services, that they meet all the specified requirements of the service. NHS England will work with the NHSBSA Provider Assurance Team to undertake PPV checks on claims made.

8.2. Additional information related to service delivery may be requested directly from contractors. The verification checks include comparing the information provided by contractors in their claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance Team.

8.3. It is the contractor's responsibility to be able to provide evidence of service delivery to eligible patients in accordance with the service specification and PGDs when requested by the NHSBSA for PPV.

8.4. In cases where contractors have been requested to provide additional information and it is not available or does not demonstrate that the service activity was delivered in accordance with the service specification and PGDs, and so these claims cannot be verified, the contractors will be informed. Where claims cannot be verified and the contractor does not agree to the recovery of the associated payments, the case may be referred to the Pharmaceutical Services Regulations Committee (PRSC) to decide whether an overpayment has been made.

8.5. In such cases, where the PSRC decides that an overpayment has been made, and will need to be recovered, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process.

8.6. Any overpayment recovery would not prejudice any action that the NHS may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

8.7. Accurate record keeping of service delivery to eligible patients in accordance with the service specification and PGDs is an essential part of the service provision. These records must be provided by a contractor when requested by the NHSBSA Provider Assurance Team.

Annex A: Groups included in this advanced service

This service covers those patients most at risk from influenza **aged 18 years and older**, as listed below.

The selection of these eligible groups has been informed by the target list from the annual Flu Letter and Immunisation against infectious disease: The Green Book.

Eligible groups	Further details
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2026.
People aged from 18 years to less than 65 years of age with one or more serious medical condition(s) outlined below:	
Chronic respiratory disease	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease and vascular disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological or neuromuscular disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, severe or profound and multiple learning disabilities (PMLD), Down's syndrome, multiple sclerosis, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes and adrenal insufficiency	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet-controlled diabetes. Addison's disease, secondary or tertiary adrenal insufficiency requiring steroid replacement.

Immunosuppression	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, people living with HIV (at all stages), multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including but not limited to, anti-TNF-alemtuzumab ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. 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. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments. Some immunocompromised patients may have a suboptimal immunological response to the vaccine. **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 influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.**
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease, hereditary spherocytosis, thalassemia major and coeliac disease that may lead to splenic dysfunction.
Morbid obesity (class III obesity)	Adults with a Body Mass Index ≥40kg/m^2[2,15]
Pregnant women (including those women who become pregnant during the flu season)	Pregnant women at any stage of pregnancy (first, second or third trimesters). For the pharmacy service, this only applies to those aged 18 years or over.
People living in long-stay residential care	Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause

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

homes or other long-stay care facilities	high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence. For the pharmacy service, this only applies to those aged 18 years or over.
Carers	People who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
Household contacts of people with immunosuppression	Individuals who expect to share living accommodation on most days (and, therefore, for whom continuing close contact is unavoidable) with individuals who are immunosuppressed (defined as immunosuppressed in the section above)
Frontline workers in a social care setting without employer led occupational health schemes	Frontline workers, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.
Hospice workers without employer led occupational health schemes	Frontline workers, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
Frontline workers without employer led occupational health schemes	Frontline workers employed through direct payments and/or personal health budgets to deliver domiciliary care to patients and service users.

Annex B: Seasonal influenza vaccines for 2025/26

Vaccines that are currently listed here as quadrivalent (Q) formulations are likely to be supplied as trivalent (T) ones (and, therefore, both formulations are listed in the table). Please see the Annual Flu Letter for full details including vaccine ordering.

Eligible groups	Vaccine
Eligible adults aged 18-64 years (including those in a clinical risk group and pregnant women)	Order any first line vaccine ahead of second line: **First line** (listed alphabetically) • **adjuvanted** (aTIV) (in those from 50 years of age and over from 31 March 2026) • **or cell-culture** (TIVc) • **or high dose** (TIV-HD/QIV-HD) (in those from 60 years of age and over from 31 March 2026) • **or recombinant** (TIVr/QIVr) **Second line** • **egg-culture** (TIVe/QIVe) only reimbursed if first line options are not available to order.
All adults aged 65 years and over	Order any first line vaccine ahead of second line: **First line** (listed alphabetically) • **adjuvanted** (aTIV) • **or high dose** (TIV-HD/QIV-HD) • **or recombinant** (TIVr/QIVr) **Second line** • **cell-culture** (TIVc) only reimbursed if first line options are not available to order.

Key for vaccine abbreviations:

- **aTIV**: adjuvanted trivalent influenza vaccine
- **TIVc**: cell-culture trivalent influenza vaccine
- **TIVe:** egg-culture trivalent influenza vaccine
- **QIVe:** egg-culture quadrivalent influenza vaccine
- **TIV-HD:** high-dose trivalent influenza vaccine
- **QIV-HD:** high-dose quadrivalent influenza vaccine
- **TIVr:** recombinant trivalent influenza vaccine
- **QIVr**: recombinant quadrivalent influenza vaccine

Please see the list of all influenza vaccines marketed in the UK for 2025/26 for manufacturer contact details.