CDI Clinical Designs - Cover Sheet*

Document Type	Proceedure
Document Title	National Influenza Vaccination for Adults in a Haemodialysis Unit Standard Operating Procedure (SOP)
Document Owner (e.g. NCP)	National Renal Office
NCAGL	NCAGL Acutes
Approved by	NCAGL Level 4
Unique Identifier Number (UID)	CDI/0230/1,.0/2025
Version Number	1.0
Publication Date	2020
Recommended Revision Date **	May 2026
Electronic Location	

National Clinical Guidelines must use NCR cover sheet if being uploaded onto NCR. Otherwise this cover sheet applies

***** Refer to HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs)***

Version	Revision Date	List Section Numbers Changed	Author
1	May 2025	Reviewed no changes	NRO Office

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Influenza Vaccination for Adults in a Haemodialysis Unit
Standard Operating Procedure (SOP)

October 2020

Publication Date: 13th October 2020

Review Date: September 2021

Document owner/author:

Signature:  Date: 13/10/2020

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Signature:  Date: 13/10/2020

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1.0 Purpose

This guidance document is for use by all staff associated with care of Haemodialysis patients in the Renal Units for the prescribing and administration of the Quadrivalent influenza vaccine (QIV).

This document should be read in conjunction with the NIAC guidelines https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf

2.0 Background History

2.1 Influenza:

Influenza is an acute illness of the respiratory tract with systemic symptoms. It affects all age groups and is characterised by the abrupt onset of fever, headache, myalgia, cough, sore throat and malaise. It is usually self-limited, with recovery in 2-7 days, but it can be severe. Influenza is caused by a highly infectious RNA virus that spreads rapidly, especially in institutions.

2.2 Transmission:

Influenza is spread from person to person by aerosol, droplets or by contact with materials recently contaminated by respiratory secretions. It is highly infectious, especially in close contact environments such as homes for the elderly. It is contagious from 1- 2 days before to 4-5 days after symptom onset. Shedding can be more prolonged in young children and in the immunocompromised. Asymptomatic carriers may shed the virus.

2.3 Effects of influenza:

Although infection may be asymptomatic in up to 75% of cases, influenza outbreaks result in significant morbidity. The incubation period is 1-4 days. Onset is sudden, with fever, rhinitis, cough, myalgia and headache.

Pneumonia, either primary viral or secondary bacterial, can occur. Symptoms generally last for 3-5 days, and recovery is usually rapid. The illness is more severe in the elderly, in those with chronic heart or lung disease, in children aged less than four years of age or with cerebral palsy and in pregnant women.

Haemodialysis patients are at increased risk of complications. 80 to 90% of reported deaths from influenza occur in the elderly mainly from secondary bacterial pneumonia but also from exacerbations of underlying disease e.g. chronic obstructive pulmonary disease or cardiac disease

2.4 Influenza vaccines:

Vaccines recommended by WHO are prepared each year, using virus strains similar to those considered most likely to circulate in the forthcoming season. Two types of influenza vaccine are licenced: inactivated influenza vaccines (IIV) and live attenuated influenza vaccines (LAIV).

The HSE is recommending the Inactivated quadrivalent influenza vaccines (QIV), it contain antigens from two type A and two type B virus strains, cultured in fertilised hens' eggs or cell lines. The strains vary from season to season, depending on circulating viruses. For those with an egg anaphylaxis or egg allergy: Quadrivalent Influenza Vaccine (split virion, inactivated)/Vaxigrip Tetra is a low ovalbumin vaccine (<0.1 micrograms per dose). NIAC advises that those with confirmed egg anaphylaxis or egg allergy can be given influenza vaccine with an ovalbumin content <0.1 micrograms per dose. Those who have required admission to ICU for a previous severe anaphylaxis to egg should be referred for specialist assessment with regard to vaccine administration in hospital.

All parenteral QIV vaccines are supplied in a prefilled syringe for IM injection. Influenza vaccines should be stored at +2 to +8○ C

Influenza vaccine provides seasonably variable protection of 40 to 90% against influenza. Protective efficacy is lower in the elderly and in dialysis patients. However, influenza associated mortality and morbidity are significantly reduced in dialysis patients who have been vaccinated. Protection lasts about one year.

2.5 Dose and route of administration of QIV:

The dose is 0.5ml given by intramuscular injection into the anterolateral thigh or deltoid. Patients in specific risk groups may require additional doses or alternative formulations e.g. children, patients on chemotherapy or post stem cell transplant. See below link for further information https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf

3.0 Procedure Statement

3.1 This procedure outlines best practice to be implemented in the safe management of QIV vaccine for our Haemodialysis Patients attending for outpatient dialysis treatment.

3.2 This procedure is to be used in conjunction with relevant national and local hospital policies available from www.hse.ie, www.hpra.ie, and Flu ELearning Module on HseLanD.

4.0 Abbreviations

4.1 eMed: A dedicated clinical and patient management software system creating an electronic patient record and database for renal services and is used by renal teams in hospitals nationwide and by the National Renal Office to monitor the renal service and to inform policy.

4.2 HD - Haemodialysis

4.3 HPRA – Health Products Regulatory Authority

4.4 HSE – Health Service Executive

4.5 NIO- National Immunisation Office

4.6 QIV - Quadrivalent influenza vaccine

5.0 Responsibilities

5.1 It is the responsibility of the medical team to:

5.1.1 Ensure the ongoing review of the up to date local and national guidelines on the 2020/2021 Influenza vaccination program.

5.1.2 Communicate with the relevant Pharmacy department in the ordering of the QIV for the Haemodialysis cohort via National Cold Chain

5.1.3 Provide support with clinical queries regarding Influenza vaccine in the Haemodialysis population

5.1.4 Establish if patient has an egg allergy and advise regarding risk - refer those who have required admission to ICU for a previous severe anaphylaxis to egg for specialist opinion.

5.1.5 Gain patient consent and educate patients regarding Influenza and the importance of vaccine uptake**.**

5.1.6 Ensure that the vaccine is prescribed on eMed, as well as ticking the "On HD" box, this allows a record of it on eMed and also recording of

the vaccine serial number in the comments section in Dialysis drugs (HD domain) when administered

5.1.7 Ensure a letter is sent to both GP and patient/family informing them of vaccine administration or refusal of same.

5.2 It is the responsibility of all managers to:

5.2.1 Ensure the ongoing review of the up to date local and national guidelines on the 2020/2021 Influenza vaccine.

5.2.2 Ensure staff are aware of vaccine program for Haemodialysis patients and encourage uptake of the vaccine. GP letter to be sent informing them of vaccine administration or refusal

5.2.3 Provide patients and staff with the relevant information (Posters circulate by NRO, www.hse.ie – for patient information leaflets)

5.3 It is the responsibility of Haemodialysis nurses to:

5.3.1 Administer the Influenza vaccine as prescribed and record on eMed along with vaccine serial number for tracking purposes (as per 5.1.6).

5.3.2 Educate patients and provide patients with the relevant information (Posters circulated by National Renal Office and www.hse.ie for patient information leaflets)

6.0 Procedures

6.1 Identify Haemodialysis patients for Influenza vaccine

6.2 Order the vaccine from appropriate Pharmacy section

6.3 Gain signed patient consent for the vaccine

6.4 Prescribe Quadrivalent Influenza Vaccine (split virion, inactivated) on eMed (Remember to tick box to be given on HD)

6.5 Record in HD domain of eMed of when and who administered, also record vaccine serial number in comment box.

6.6 Generate Letter in eMed for GP and patient /family informing them of HD patient receiving or declining influenza vaccine.

7.0 Implementation

This SOP will be disseminated to the HD Units using existing communication structures within the organisation.

8.0 Evaluation

A report can be generated off eMed if requested to quantify Influenza vaccine uptake and reason for patient declining same. This maybe requested by the NIO office in future.

9.0 Document Review History

Date	Review No.	Change	Ref. Section	Consulted with:

Appendix

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Sample

HSE Flu Vaccine Consent Form

Forename: _____

Surname: _____

Hospital MRN: _____

Male ❑ Female ❑

Haemodialysis location: _____

Are you suffering from an acute illness	Yes ❑ No ❑
Have you ever had a serious reaction to anything including medication or vaccine (anaphylaxis)	Yes ❑ No ❑
Do you have any illness or condition that increases your risk of bleeding	Yes ❑ No ❑
I consent to receive the flu immunisation	Yes ❑ No ❑
I confirm I have not already received the flu vaccination for this flu season	Yes ❑ No ❑
Have you required admission to ICU for a previous severe anaphylaxis reaction to egg (if yes refer to specialist assessment with regard to vaccine administration in hospital)	Yes ❑ No ❑

Your body take 10-21 days to produce antibodies after vaccination. The incubation period for influenza is a few days, so if you are exposed to influenza immediately before or after your vaccination, you could develop the illness. The vaccine will not protect you against the common cold, even though some of the symptoms as similar to influenza

Patient signature: _____ Date: _____