



Protect yourself.
Protect others.

Seasonal Influenza Vaccine Campaign 2022/23

HSE National Immunisation Office

12 September 2022



Protect yourself.
Protect others.

Welcome and Introductions

Dr Lucy Jessop

HSE Agenda

19:00-19:05 Introductions, Impact of Flu and Flu Activity

19:05-19:20 Flu vaccines available for flu season 2022/23:
Quadrivalent Influenza Vaccine (QIV)
Dose, Administration, Contraindications and Precautions

Live Attenuated Influenza Vaccine (LAIV)
Dose, Administration, Contraindications and Precautions

19:20-19:25 Recommended groups for flu vaccine; who is included and who is not?

19:25-19:27 COVID-19 vaccines and the flu vaccine

19:28-19:30 ICT System for Recording Flu and PPV23

19:30-19:35 Available resources for vaccinators including information on HSE and training

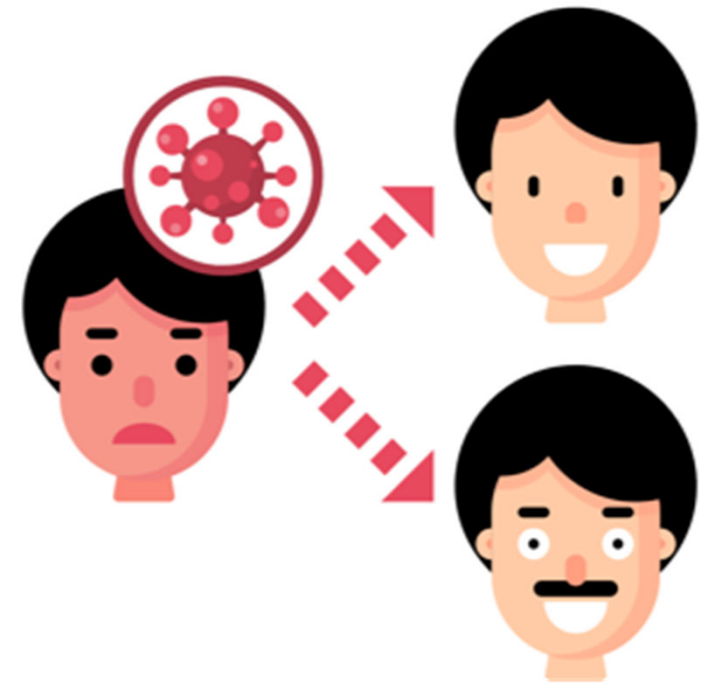
19:35-19:45 FAQs to NIO from clinicians in 2020/21 flu season

19.45- 20.00 Q&A close



HE Effects of Influenza

- Although infection may be asymptomatic in up to 75% of cases, influenza outbreaks result in significant morbidity.
- The illness is more severe in the elderly, in those with chronic heart or lung disease, in children aged <4 years or with cerebral palsy and in pregnant women.
- Eighty 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.



Importance of the flu vaccine

During the 2017/2018 influenza season which was a severe influenza season:

- Sentinel GP influenza-like illness (ILI) consultation rates were higher than in the previous five seasons, peaking at 110.8 per 100,000 population
- 4,713 cases of influenza were hospitalised and 191 were admitted to Critical Care Units. The highest admission rates were amongst adults aged 65 years and over
- The number of deaths in notified influenza cases was 255. These deaths occurred in both community and hospital settings
- 223 confirmed influenza outbreaks were reported

Flu activity

Although there was no flu circulating in Ireland during 2020/21 due to public health restrictions in place, flu activity returned in Ireland during 2021/22 as restrictions eased.

Flu cases in Ireland between week 40 2021 - week 20 2022:

- 2,197 confirmed flu cases: 2,185 influenza A (399 A (H3), 8 A(H1)pdm09 and 1,771 A not subtyped), 11 influenza B and 1 with influenza type not reported. Median age was 32years (interquartile range 21-64 years).
- 523 cases were admitted into hospital
- 15 cases of flu in people admitted into critical care.

For 2021/22, widespread flu activity was reported from several countries in the European Region also.

Therefore, flu is expected to circulate this season and flu activity during 2022/23 could be different due to society being more open.



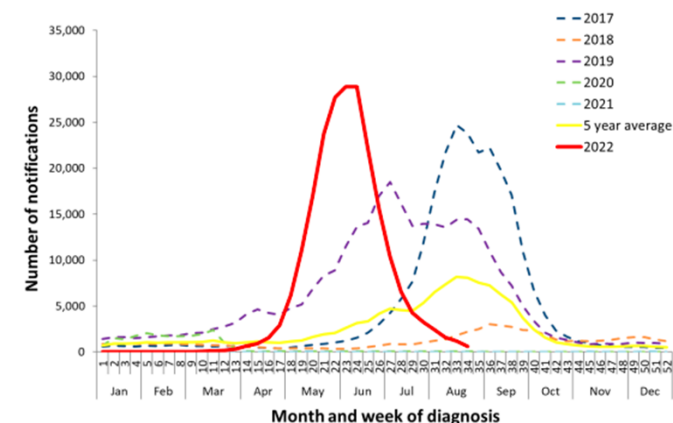
Australian Influenza Surveillance Report

Summary of the flu surveillance data from Australia:

- From mid-April to mid-July 2022, the weekly number of notifications of laboratory-confirmed influenza reported in Australia has exceeded the 5 year average.
- Since commencement of seasonal surveillance in April 2022, there have been 1,708 hospital admissions due to influenza reported across sentinel hospitals sites, of which 6.5% were admitted directly to ICU.
- In 2022 to date, people aged 5–9 years, children aged younger than 5 years, and people aged 10–19 years have the highest notification rates.
- **The impact for the season to date is low- moderate**
- The majority of flu samples tested are characterised as antigenically similar to the corresponding vaccine components.

Caution is advised comparing Australian data to previous seasons; due to changes to testing and surveillance systems during the COVID-19 pandemic.

Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 28 August 2022, by month and week of diagnosis*



Source: NNDS

*NNDS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. Please refer to Data considerations for interpretation of the 5 year average.

Source: Australian Influenza Surveillance Report No 07 - fortnight ending 28 August 2022



Lessons learnt from Australia

What does this mean for Ireland for Autumn/Winter 2022/23?

- Flu activity during 2022/23 is expected due to society being more open
- Would be prudent to improve vaccination rates this season especially in children

The latest WHO surveillance report (13/06/2022) states:

“Countries are **recommended to prepare for the co-circulation of influenza and SARS-CoV-2 viruses**. They are encouraged to enhance integrated surveillance to monitor influenza and SARS-CoV-2 at the same time, and **step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza**. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national guidance.”

Vaccination remains the best protective measure for prevention of flu.



Protect yourself.
Protect others.

Flu Vaccines Available in 2022/23

Dr Aparna Keegan

Flu vaccines

The 2022/2023 HSE seasonal influenza vaccination programme flu vaccines available

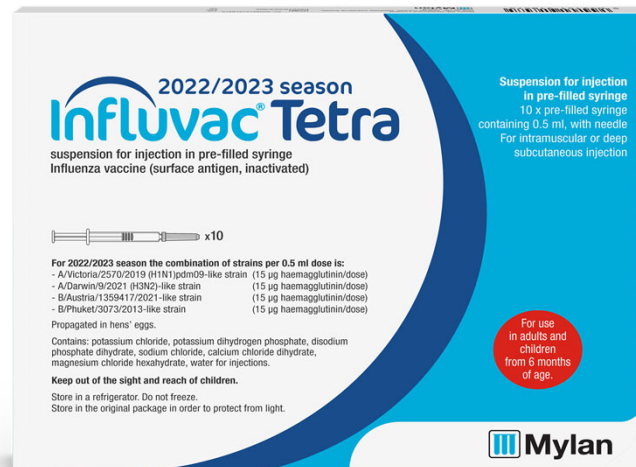
Product Name	Vaccine Type	Age	Manufacturer	Storage	Shelf Life
Quadrivalent Influenza Vaccine (split virion, inactivated)	<ul style="list-style-type: none"> • Non-live quadrivalent influenza vaccine, QIV • cultured in fertilised hens' eggs • split virion, inactivated • prefilled syringe for intramuscular injection 	From 6 months	Sanofi Pasteur	Influenza vaccines should be stored at +2 to +8° C. If a vaccine has been frozen, it should not be used.	(1 Year) Until end of season
Influvac Tetra	<ul style="list-style-type: none"> • Non-live quadrivalent influenza vaccine, QIV • cultured in fertilised hens' eggs • surface antigen, inactivated • prefilled syringe for intramuscular injection 	From 6 months	Mylan		(1 Year) Until end of season
Fluenz Tetra	<ul style="list-style-type: none"> • quadrivalent live attenuated influenza vaccine, LAIV • produced in Vero cells and cultured in hens' eggs • nasal spray suspension • live attenuated 	24 months to less than 18 years	AstraZeneca AB		18 weeks

HE Flu vaccines

Quadrivalent Influenza Vaccine (split virion, inactivated)



Influvac Tetra



Fluenz Tetra



HE QIV Dose and Administration

Quadrivalent Influenza Vaccine

- Only licensed for those aged 6 months and over.
- Suspension for injection in prefilled syringes- boxes of 10.
- The vaccine should be allowed to reach room temperature before use. Shake before use. Inspect visually prior to administration. The vaccine should not be used if foreign particles are present in the suspension.
- The vaccine, after shaking gently, is a colourless liquid.
- A dose is 0.5ml given by intramuscular injection into the anterolateral thigh (children 6-35 months old) or deltoid (from 36 months of age).



Quadrivalent Influenza Vaccine

Group	Number of doses
Children aged 6 months to <9 years	Two doses 4 weeks apart, if <ul style="list-style-type: none"> • receiving influenza vaccine for the first time or • vaccination history is unknown
Patients post haematopoietic stem cell transplant or post solid organ transplant	Two doses 4 weeks apart, if receiving influenza vaccine for the first time post-transplant
Cancer patients who receive the vaccine while on chemotherapy and who complete their treatment in the same season*	Two doses Second dose at least 4 weeks after completion of chemotherapy and at least 4 weeks after 1st dose (regardless of influenza vaccination in previous seasons)
All others	One dose

* If the lymphocyte count is $\geq 1.0 \times 10^9$ /L

QIV contraindications

Quadrivalent Influenza Vaccine

- Anaphylaxis following a previous dose of influenza vaccine or any of its constituents. Read the manufacturer's Summary of Product Characteristics (SmPC) to see the list of ingredients.
- Those with severe neutropenia (absolute neutrophil count $<0.5 \times 10^9/L$) should not receive any vaccines, to avoid an acute vaccine related febrile episode. This dose not apply to those with primary autoimmune neutropenia who can get the flu vaccine unless other contraindications.
- Patients on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab) should not receive any influenza vaccines, because of a potential association with immune related adverse reactions.

QIV precautions

Quadrivalent Influenza Vaccine

- Acute severe febrile illness, defer until recovery.
- If influenza vaccine is recommended for children aged 12-23 months of age, it should be separated from PCV vaccine by at least 1 week. This is because of a slightly increased risk of febrile convulsions if the vaccines are given at the same time in this age group.
- Egg Allergy:
 - Those with confirmed egg anaphylaxis or egg allergy can be given this influenza vaccine in a primary care or school setting with the exception of those who have required admission to ICU for a previous severe anaphylaxis to egg.
 - Those requiring non-live influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg should be referred for specialist assessment with regard to vaccine administration in hospital.



Fluenz Tetra - Live Attenuated Influenza Vaccine (LAIV)

- Supplied in a box containing 10 single applicators
- Pre-filled nasal applicator
- Each applicator contains 0.2ml nasal suspension
- Ready to use. No reconstitution or dilution needed
- Pale yellow, clear to opalescent; small white particles can appear





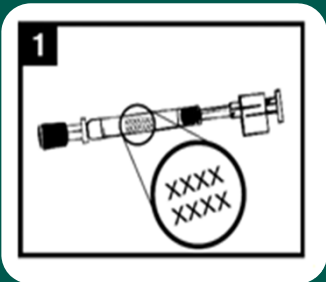
How many doses of LAIV are required?

- Licensed documentation
 - all previously unvaccinated children => 2 doses 4 weeks apart
- Evidence of adequate efficacy after one dose of LAIV in healthy children
- NIAC recommends 1 dose for healthy children
- UK and Finland also recommend 1 dose for healthy children

Group	Age	Previous vaccination	Dose
Medically at risk	2 to 8 years	Have never had any influenza vaccine	Two doses 4 weeks apart
		Have had any influenza vaccine before	One dose
	9 to 17 years	Not relevant	One dose
Healthy	2 to 17 years	Not relevant	One dose

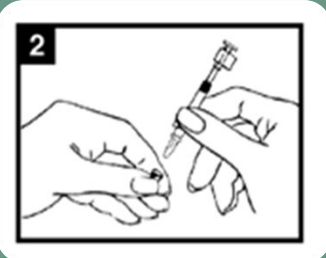


Steps in intranasal administration of LAIV



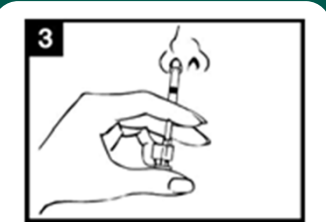
Step 1

- Only take 1 applicator out of the fridge at a time
- Check expiry date



Step 2

- Remove the nozzle tip protector
- Do not remove dose divider clip



Step 3

- Place tip of applicator inside RIGHT nostril (child in upright sitting position)
- Advise the child to breathe normally. There is no need to inhale or sniff.

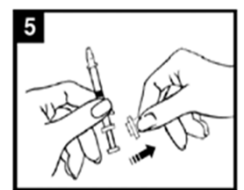


Steps in intranasal administration of LAIV



Step 4

Depress plunger quickly until dose divider clip prevents further administration



Step 5

Pinch and remove dose divider clip



Step 6

- Insert applicator inside the LEFT nostril
- Depress plunger as quickly as possible until all the vaccine has been given

- Dispose of nasal applicator in sharps bin
- Record vaccine administration

LAIV contraindications

- Anaphylaxis following a previous dose of influenza vaccine or any constituents (except ovalbumin – see precautions)
- Those with severe neutropenia (absolute neutrophil count $<0.5 \times 10^9/L$) to avoid an acute vaccine related febrile episode. This dose not apply to those with primary autoimmune neutropenia who can get the flu vaccine unless other contraindications
- Those on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab) because of a potential association with immune related adverse reactions

LAIV contraindications (cont.)

- Asthma
 - if an acute exacerbation of symptoms, increased wheezing and/or additional bronchodilator treatment in the last 72 hours
 - Severe asthma if on regular oral steroids or have had previous ICU/Critical care for asthma, seek advice
- Significant immunosuppression due to disease or treatment
- Children who live with severely immunosuppressed persons (e.g. post haematopoietic stem cell transplant)
- Concomitant use of aspirin/salicylates
- Influenza antiviral medications within the previous 48 hours
- Pregnancy
- Those post cochlear implant until the risk of a CSF leak has resolved - consult with the relevant specialist
- Those with a cranial CSF leak

QIV should be given if LAIV is contraindicated (provided not contraindicated)

HE The following are not contraindications to LAIV

- Asymptomatic HIV infection
- Children receiving:
 - topical or inhaled corticosteroids
 - low dose systemic corticosteroids
 - replacement therapy corticosteroids (e.g. for adrenal insufficiency)





LAIV precautions

- Defer until recovered from an acute severe febrile illness
- Egg Allergy
 - NIAC advises LAIV has a low ovalbumin content of ≤ 0.024 micrograms per dose , therefore it can be given to children with confirmed egg anaphylaxis or egg allergy in a primary care setting or school setting.
 - The exception is children who have required ICU admission for a previous severe anaphylaxis to egg who should be given LAIV in hospital
 - LAIV is the preferred vaccine for children who have required admission to ICU for a previous severe anaphylaxis to egg as the intranasal route is less likely to cause systemic reactions; it should be given in hospital.

HE LAIV after vaccination

- Paracetamol or ibuprofen can be given for common side effects
- Avoid
 - aspirin/ salicylates for 4 weeks unless medically indicated (Reye's syndrome reported after salicylate use during wild-type influenza infection)
 - Influenza antiviral medication for 2 weeks

For Children **FLU VACCINE** Protect yourself. Protect others.

Name: _____

Vaccination Date:
D O M M Y Y Y Y

Vaccine Given: **Fluenz Tetra** (Live Attenuated Influenza Vaccine)

Batch No: Expiry Date:
D O M M Y Y Y Y

Today your child received Fluenz Tetra nasal flu vaccine. Most children have no problem after this vaccine. Some children may get:

- a runny or blocked nose,
- headache or muscle aches,
- a fever (temperature) after the vaccine.

These are usually mild and only last a day or two.

If your child has a fever (temperature) or a headache you can give them paracetamol or ibuprofen.

Do not give your child aspirin or medicines called salicylates, unless they have been prescribed by a doctor. This is especially important in the 4 weeks after getting the vaccine.

Serious side effects such as a severe allergic reaction are very rare.

Talk to your GP (doctor) or pharmacist if your child is very unwell after the vaccine, as it may be for some other reason.

Please see for more information [Insert link to PIL](#)

See us/flu Public Health Advice **FLU VACCINE** Protect yourself. Protect others. **HE**

Flu vaccine order and delivery schedule

Flu vaccines can be ordered from the HSE National Cold Chain Service using the online ordering system ordervaccines.ie

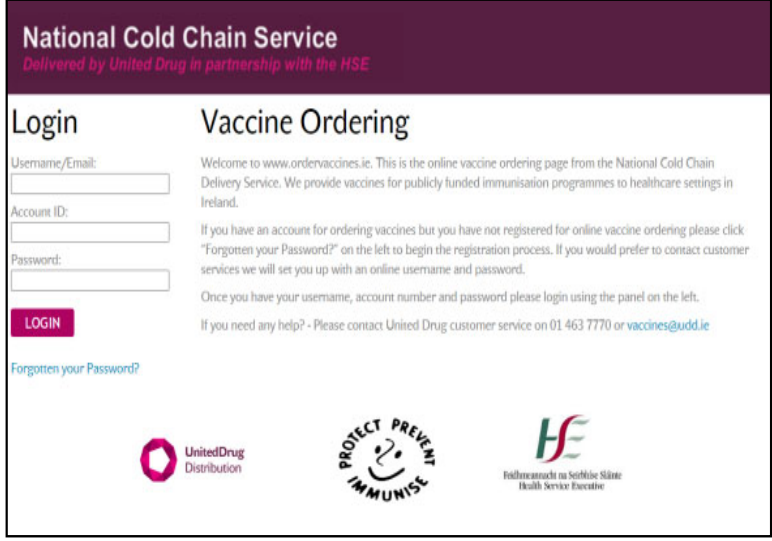
Ordering for flu vaccine will open from **12th September** :

- **Cycle 1** of flu vaccine deliveries will occur between **19th September – 30th September**. Only QIV will be available.
- **Cycle 2** of flu vaccine deliveries will occur between **3rd October – 14th October**. LAIV and QIV will be available.

During the flu season flu vaccines will continue to be delivered to sites fortnightly.

Note:

- Quantities available to order are based on last year's quantity.
- Check your NCCS calendar for order cut-off deadline for each cycle.



The screenshot displays the 'National Cold Chain Service' website. The header includes the service name and a note: 'Delivered by United Drug in partnership with the HSE'. The main content area is split into two columns. The left column, titled 'Login', contains input fields for 'Username/Email', 'Account ID', and 'Password', followed by a 'LOGIN' button and a link for 'Forgotten your Password?'. The right column, titled 'Vaccine Ordering', contains a welcome message, instructions for new users to click 'Forgotten your Password?', and instructions for existing users to login. At the bottom, there are three logos: 'United Drug Distribution', a circular logo with 'PROTECT PREVENT IMMUNISE' and a smiley face, and the 'HSE' logo with the text 'Iodáireacht na Seirbhíse Sláinte Health Service Executive'.

Flu vaccine storage

- Influenza vaccines should be stored at +2°C to +8°C.
- Keep the pre filled syringes in the outer carton in order to protect from light.
- Sensitive to heat and cold.
 - Heat speeds up the decline in potency of most vaccines –reducing shelf life.
- Do not freeze. If a vaccine has been frozen, it should not be used.
 - Freezing may cause increased reactogenicity and a loss of potency for some vaccines and can also cause hairline cracks in the container, leading to contamination of the contents.



Protect yourself.
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Eligible Groups for 2022/23 HSE Influenza vaccination programme

Dr Aparna Keegan



Recommended groups for vaccination

- **All children aged 2-17 years at the time of vaccination**
 - **Persons aged 65 and older**
 - **Pregnant women (vaccine can be given at any stage of pregnancy)**
 - **Healthcare workers including all General Practice and pharmacy staff**
 - **Residents of nursing homes and other long stay institutions**
 - **Carers and household contacts of people with increased medical risk****
 - **People with regular contact with pigs, poultry or water fowl**
- Those aged 6 to 23 months and aged 18-64 years with:**
- Chronic heart disease including acute coronary syndrome
 - Chronic liver disease
 - Chronic neurological disease including multiple sclerosis, hereditary and degenerative disorders of the central nervous system
 - Chronic renal failure
 - Cancer patients
 - Chronic respiratory disease, including chronic obstructive pulmonary disease, cystic fibrosis, moderate or severe asthma or bronchopulmonary dysplasia
 - Diabetes mellitus
 - Down syndrome
 - Haemoglobinopathies
 - Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction and cancer patients
 - Morbid obesity, i.e. body mass index of 40 or over
 - On long-term aspirin therapy (because of the risk of Reyes syndrome)
 - With any condition (e.g. cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder) that can compromise respiratory function especially those attending special schools/day centres
 - With moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability

Recommended groups for vaccination (cont.)

- Only those who are in the HSE's target eligible groups for influenza vaccine should receive influenza vaccine supplied by the HSE's national cold chain service.
- Anyone who is in an eligible group for the HSE- supplied vaccine should not be charged a fee for the administration of the vaccine even if they do not have a medical or GP visit card.
- **Reminder about eligibility around household contacts and carers.**
 - Only household contacts or carers of people who have an underlying chronic health condition or have Down syndrome are eligible to receive an influenza vaccine.
 - A carer is described as someone who is providing an ongoing significant level of care to a person who is in need of care in the home due to illness or disability or frailty e.g. those in receipt of a carer's allowance.
- Privately procured stock must be administered to those not included on the list and who wish to be vaccinated. This is a private arrangement.



Flu uptake 2021/23

Age group	No. vaccinated	Pop Proj 2021 M2F2 estimate	% Uptake
2-12 years	140,376	745,669	18.8
13-17 years	38,986	335,563	11.6
2-17 years	179,362	1,081,232	16.6
18-49 years	224,871	2,169,073	10.4
50-64 years	236,146	879,370	26.9
65 and over	560,209	743,087	75.4
Overall ≥2 years and over	1,200,588	4,872,762	24.6
≥6months*-64 years with medical risk condition	186,231	na	-
≥6months*-17 years with medical risk condition	268	na	-
≥18-64 years with medical risk condition	185,963	na	-
Pregnant women	18,600	na	-



Healthcare worker uptake

Uptake figures for flu vaccination amongst healthcare workers (HCWs) in 2021/22 was estimated through a point prevalence survey under taken by the HPSC.

HPSC-Survey-Hospital-based HCW Uptake

- In 2021/22 overall uptake among the 47 participating hospitals (three of which were non-HSE/private) was **64.0%** (range: 47.6 - 71.8%). Uptake was highest among medical & dental staff (78.8%) and lowest among other patient and client care staff (50.7%).
- In 2020/21 overall uptake among the 52 participating hospitals (three of which were non-HSE/private) was **71.0%**

HPSC-Survey-LTCF-based HCW Uptake

- In 2021/22 uptake among those 214 managed/staff/funded by the HSE was **55.2%** (range 48.4- 65.6%); among the 79 non-HSE/private-run entities uptake was 55.1% (range 30.3%- 76.4%).
- In 2020/21 Uptake among those 225 managed/staff/funded by the HSE was **66.3%**; among the 197 non HSE/private-run entities uptake was 60.9%

HE Healthcare workers

- Up to 75% of people with influenza will have no symptoms- but they can transmit infection. This means that healthcare workers can spread infection when they have no symptoms.
- Healthcare staff are up to 10 times more likely to get influenza compared to the general population. It is estimated that at least 20% of healthcare workers are infected with influenza every year and many continue to work despite being ill, which increases the risk of spread of influenza to their colleagues and patients.
- During hospitalisation, patients in general are 5-35 times more likely to acquire influenza if exposed to infected patients or healthcare workers.
- Institutions with high levels of healthcare worker immunisation in Europe have shown reduced rates of influenza -like illness, hospitalisation and deaths from influenza in the elderly, and a reduction in healthcare worker sick leave.

Everyone working in a healthcare setting should get the flu vaccine including:

- ✓ medical, nursing and allied health professionals including those working in residential disability services
- ✓ medical, nursing and allied health students including those working in residential disability services
- ✓ general support staff
- ✓ dental personnel
- ✓ hospital porters and cleaners
- ✓ ambulance personnel
- ✓ carers and home helps
- ✓ all GP and pharmacy staff
- ✓ agency staff who fall into the above categories



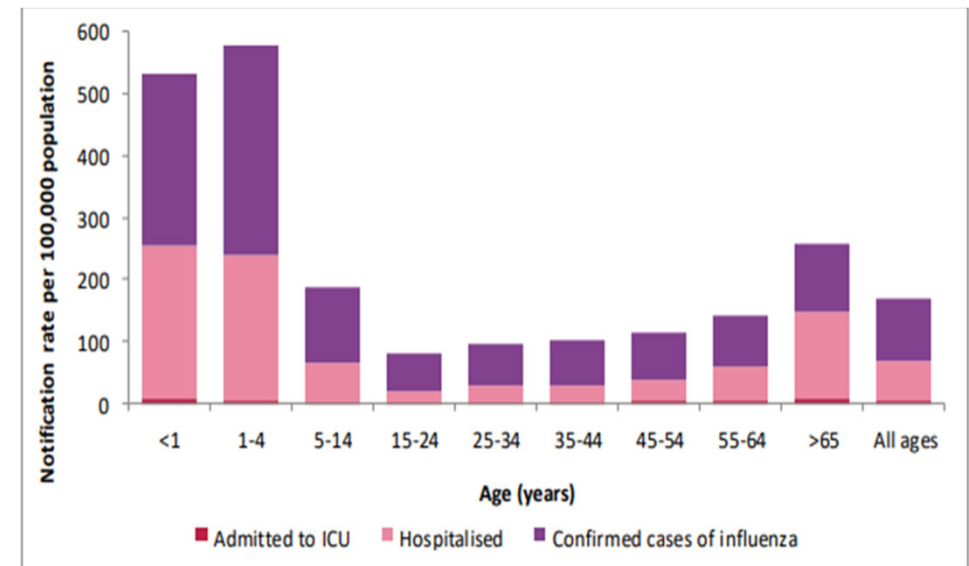


Influenza in children

- Up to 10% of all children under 15 attend GP with influenza
- **Common complications of influenza in children are:** Bronchitis, Otitis media, Sinusitis and Secondary bacterial pneumonia
- **Less commonly:** Meningitis, Encephalitis and Primary influenza pneumonia
- Children < 5 years high risk of complications therefore recommended for vaccination by WHO

Age-specific rates

- Highest rate of hospitalisation
- High rates of admission to critical care



Age specific notification rates/100,000 population for influenza, by hospitalisation status, during the 2018/2019 season, in Ireland
Source: HPSC



Burden of paediatric influenza on Irish health system 2009/10-2018/19



>11,000 notified influenza confirmed cases



>4750 confirmed influenza hospitalisations



183 critical care admissions for confirmed influenza



41 notified influenza cases died



Aim of the influenza vaccination programme for children

- Protect children from influenza related morbidity and mortality
- Less absenteeism from school, sports activities etc.

Children in crèches and schools important drivers of spread of influenza

- Children transmit influenza to others for longer than adults; 10 or more days (compared to 6 days in adults)
- Children attending day-care centres and schools are important transmitters of influenza in the community

Also decrease

- the number of people with influenza
- the number of hospital admissions
- transmission of influenza to the elderly and persons in risk groups
- transmission to health care workers in families with children

Consider engaging with schools and other settings to promote or offer the LAIV to children- resources to be released soon for GPs and Pharmacies.



Protect yourself.
Protect others.

HSE COVID-19 Programme and Flu Vaccination Programme

Dr Lucy Jessop

COVID-19 vaccines and the flu vaccine

- NIAC advises that flu vaccines may be administered with COVID-19 vaccines (including for children aged 5-11) at the same time or at any interval.
- **For residents of HIQA registered Nursing Homes & all housebound patients – from 3rd OCT HSE mobile vaccination teams will offer flu vaccine (regardless of age and if they need COVID-19 booster).**
- More information will be provided soon about the COVID-19 vaccine programme and the adapted vaccines.
- There are some **important differences between the current COVID vaccines and the adapted vaccines**, so it is vital that all involved in administering the vaccines are up to date with training and fully competent to give and record them correctly when they become available.



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ICT System for Recording Flu and PPV23

Dr Alice Quinn



ICT changes to the Flu and PPV23 vaccination programme

The HSE vaccination programme will use the ICT system for COVID-19 vaccinations COVAX for capturing immunisation records for flu, as well as PPV23 vaccines.

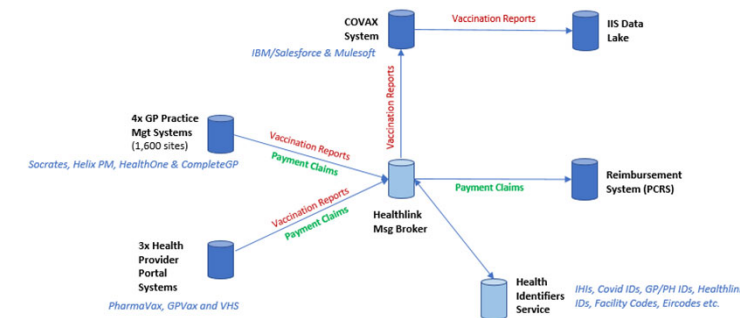
All HSE flu vaccinations (including vaccination of healthcare workers or patients in all facilities both HSE and private) must be captured on COVAX.

GP patient management systems have been reconfigured and the HSE's PharmaVax & GPVax system updated to enable:

- COVID-19, Flu and PPV23 vaccination records from GPs and pharmacies to transmit electronically from their software to COVAX.
- COVID-19*, Flu* and PPV23** payment claims to be sent to PCRS team

The PCRS online portal will no longer be used for flu or PPV23 vaccinations from 19th September 2022.

*GPs and Pharmacies, **GPs only





Protect yourself.
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Available resources for vaccinators

Cría Dowling

Communications campaign

To launch in early October 2022 with Flu Awards

Part of the Winter Vaccinations Campaign

Target groups

- Children aged 2 to 17
- At risk groups including pregnant people, those with certain long term medical conditions and older adults
- Healthcare workers

Campaign objectives

1. Achieve target uptake for 2022/2023
2. Give everyone who can the free flu vaccine the information they need to make an informed decision
3. Position HSE as a trusted source of information



Further resources

- Visit www.hse.ie/flu to download information leaflets, posters, videos, FAQs, algorithms and administration guides.
- Information for healthcare professionals is available on:
<https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/>
- E-learning: www.hseland.ie 4 modules: 2xLAIV, QIV, **PPV23**
 - Course Catalogue -> Clinical Skills -> National immunisation Office -> Influenza (flu) vaccination
- Email us (only for HCP enquiries): immunisation@hse.ie
- National Immunisation Advisory Committee Immunisation Guidelines for Ireland Chapter 11. Available to read from www.immunisation.ie
- Patient Information Leaflet and the Summary of Product Characteristics for each of the vaccines is available from www.hpra.ie



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FAQs to NIO from Healthcare Professionals

Muthu Saba

Co-administration

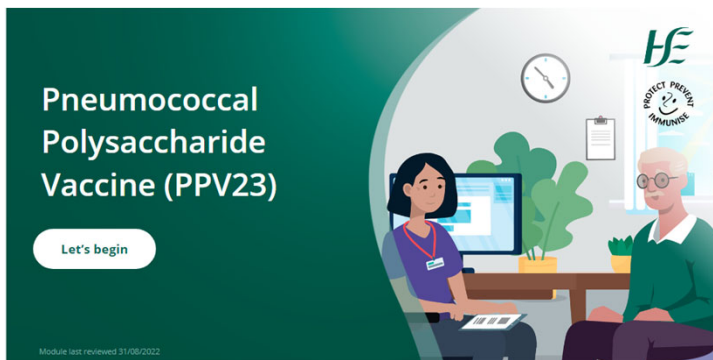
- Co-administration all influenza vaccines and other vaccines* (including COVID-19 vaccines for all ages) may be administered at the same time or at any interval.
- As it is not known if COVID-19 vaccine reactogenicity is increased with coadministration, the vaccines should preferably be given in different limbs.
- LAIV can be given at the same time or at any time before or after any other live (e.g. MMR or varicella) or non-live vaccine.

*except PCV for children aged 12-23 months (should be separated by 1 week due to risk of febrile convulsions)

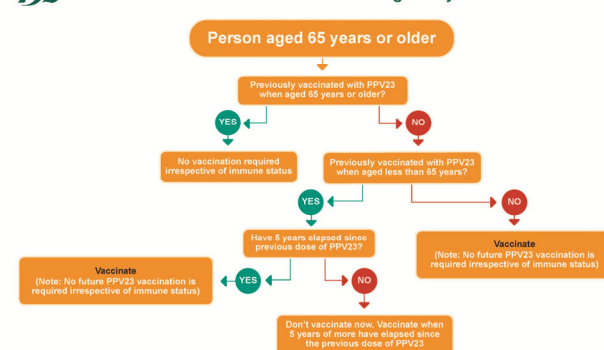
HE Co-administration of PPV23

- PPV23 vaccine may be given at the same time as influenza vaccine.
- PPV vaccine is only needed once at the age of 65 years or over, regardless of any other risk factor. Some people with medical risk factors require PPV under the age of 65.

Further resources

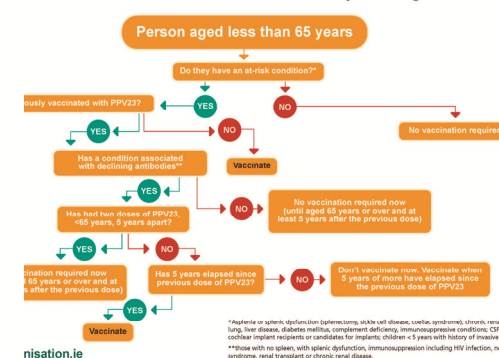


HE Pneumococcal Polysaccharide Vaccine (PPV23): Decision tool for vaccination for those aged 65 years or over



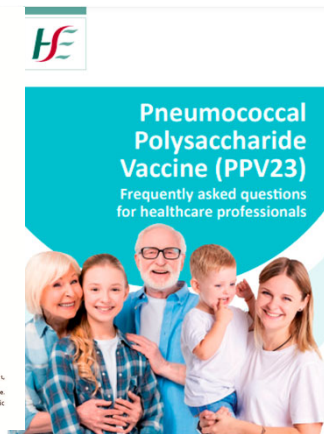
www.immunisation.ie

HE Pneumococcal Polysaccharide Vaccine (PPV23): Decision tool for vaccination for those <65 years of age



**Asplenia or splenic dysfunction (splenectomy, sickle cell disease, coeliac sprue), chronic renal, liver, lung, liver disease, diabetes mellitus, complement deficiency, immunosuppressive conditions, COPD, heart failure, cochlear implant recipients or candidates for implants, children < 5 years with history of invasive disease.
***Those with no spleen, with splenic dysfunction, immunosuppression including HIV infection, nephrotic syndrome, renal transplant or chronic renal disease.

immunisation.ie



Don't take
New Year
& Festival
Don't take
Don't take
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Expiry date of LAIV

Expiry date of LAIV is much shorter than other vaccines

- 18 weeks after the date of manufacture

The expiry date is written on the side of the nasal applicator as a day, month and year and is the last date the vaccine can be administered

The expiry date **may not necessarily be the last day of the month**

Always check the expiry date carefully

LAIV - what to do if?

- **Child sneezes or nose drips**

The vaccine does not need to be repeated

LAIV immediately absorbed after administration and there is a surplus of attenuated virus particles in the vaccine required for immunity

- **LAIV is only given into one nostril**

The vaccine does not need to be repeated

A 0.1 ml dose given into one nostril contains enough attenuated viral particles to induce an immune response

- **All of vaccine is given into same nostril**

The vaccine does not need to be repeated



Recommended vaccines by age

The 2022/2023 HSE seasonal vaccination programme will offer:

Quadrivalent **live attenuated influenza vaccine (LAIV)**, nasal application for those aged 2-17 years. Brand available:

- Fluenz Tetra nasal spray suspension Influenza vaccine (live attenuated, nasal) manufactured by AstraZeneca AB

Inactivated **quadrivalent influenza vaccine (QIV)** available for all other eligible populations including those aged 2-17 with contraindications to LAIV (QIV is licensed for those 6 months of age and older). Two brands of injectable vaccine will be distributed and are interchangeable where two doses are required:

- Quadrivalent Influenza Vaccine (split virion, inactivated) manufactured by Sanofi Pasteur
- Influvac Tetra marketed by Mylan

Adjuvanted Quadrivalent Influenza Vaccine (aQIV) for older adults (aged 65 and over) is not available this season. All older adults are recommended QIV this season.

Egg allergy

NIAC Immunisation Guidelines recommends:

- Those with confirmed egg anaphylaxis or egg allergy can be given influenza vaccine in a primary care or school setting with the exception of those who have required admission to ICU for a previous severe anaphylaxis to egg.
- LAIV is the preferred vaccine for children who have required admission to ICU for a previous severe anaphylaxis to egg as the intranasal route is less likely to cause systemic reactions; it should be given in hospital.
- Those requiring non-live influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg should be referred for specialist assessment with regard to vaccine administration in hospital.



Adverse reactions

Live attenuated quadrivalent influenza vaccine (LAIV)

- **Local:** Nasal congestion is very common.
- **General:** Malaise is very common. Decreased appetite, headache, myalgia and fever are common. Fever is no more frequent than that following other recommended childhood vaccines, is generally mild and resolves in a few days.
- **Very rare:** immediate allergic reactions

Note:

- Very rare reports of Guillain-Barré syndrome (GBS) have been observed in the post marketing setting following QIV. Risk of GBS is several times greater following influenza illness than following influenza vaccination

Summary of Product Characteristics for each of the vaccines is available from www.hpra.ie

Adverse reactions

Non-live QIV

- **Local:** Injection site pain and swelling are very common.
- **General:** Fever, fatigue, myalgia, and irritability in young children are very common. Drowsiness, sweating and arthralgia are common.
- **Very rare:** immediate allergic reactions

Note:

- Very rare reports of Guillain-Barré syndrome (GBS) have been observed in the post marketing setting following QIV. Risk of GBS is several times greater following influenza illness than following influenza vaccination

Summary of Product Characteristics for each of the vaccines is available from www.hpra.ie

HF Reminder

- Vaccine recipients should be observed for at least 15 minutes after vaccination. If this is not practicable, vaccine recipients should wait in the vicinity for 15 minutes.
- The availability of protocols, equipment and drugs necessary for management of anaphylaxis should be checked before each vaccination session.
- Post Vaccination Advice:
 - Advise on possible adverse reactions (report any side effects to the HPRA at **www.hpra.ie/report**)
 - It takes around 2 weeks after vaccination to have protection against flu.
 - There is a chance they may still get flu - so it is important to follow public health advice.





Protect yourself.
Protect others.

Q&A

NIO Panel



Protect yourself.
Protect others.

Close

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