

## Seasonal Influenza Vaccine Campaign 2022/23

National Immunisation Office

13 September 2023



Aim: Supporting you to improve uptake of flu vaccine in Health & Care workers in 2023/24

Dr Aparna Keegan (15min)

- Flu Activity and Uptake
- Importance of the Flu Vaccine for Health and Care Workers
- Flu Vaccines for 2023/24 flu season

Dr James Gilroy (15min)

- Summary of Research Finding
- What are we doing?

Dr Alice Quinn (15min)

• How to Talk to People about Vaccines

Dr Aparna Keegan (5min)

- Frequently Asked Questions
- Resources Available





### Flu Activity and Uptake

# 

During the 2022/2023 season to date (weeks 40 2022-20 2023):

- 16,084 laboratory confirmed influenza cases have been notified to HPSC
  - 1,214 A(H1)pdm09, 1,009 A(H3), 11,288 influenza A (not subtyped), 2,502 influenza B, 49 influenza A and B coinfections, 16 influenza A(H1)pdm09 & A(H3) coinfections and six influenza (type not reported).
- 4,604 cases were admitted into hospital.
- 185 cases of flu in people admitted into critical care. Age specific rates for the season to date were highest in those aged 65 years and older.
- 198 deaths in notified influenza cases were reported to HPSC

In addition we faced a multi-pathogen winter- flu, RSV and COVID-19 co-circulating.

# HE Flu activity- Europe

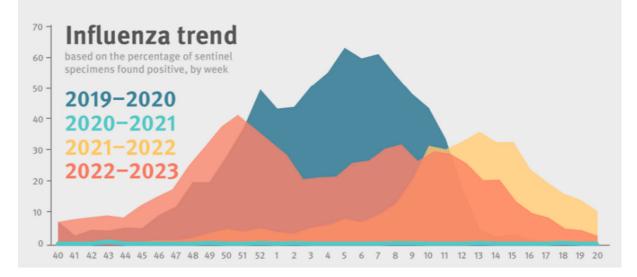
The 2022/2023 Influenza season

- Marked the return of influenza virus activity at almost pre-pandemic levels in the EU/EEA countries
- This season was characterized by an earlier start of the seasonal epidemic
- Earlier peak in positivity compared to the four previous seasons

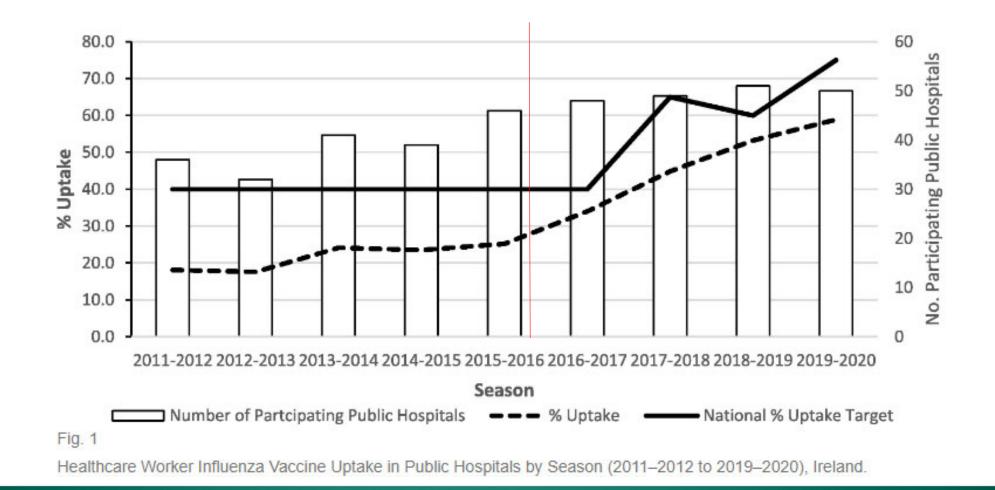
## Influenza in Europe



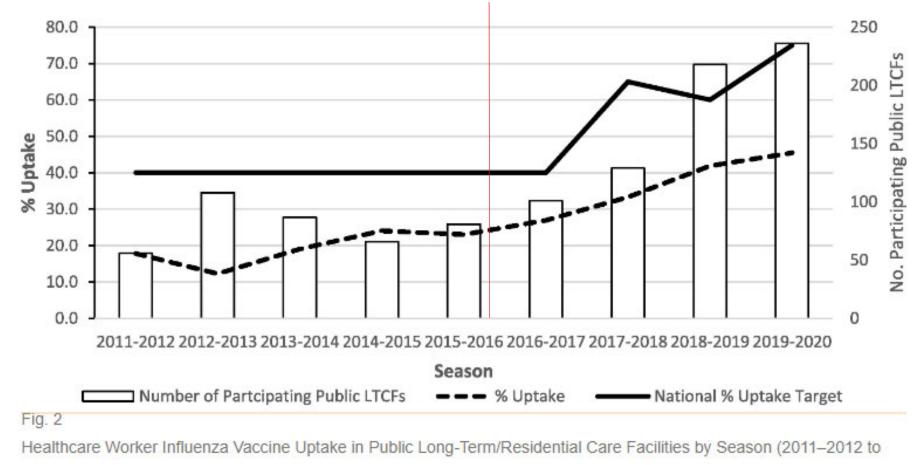
Data from EU/EEA countries 2019-2023 seasons



## 2022-23 HCW Uptake – Public Hospitals



## 2022-23 HCW Uptake – Public LTCFs



2019-2020), Ireland.

## $H_{z}$ Healthcare worker uptake

Uptakes estimated through a point prevalence survey under taken by the HPSC. Target Uptake 75%.

Season Uptake in Hospital H&CW		Vs	Notes				
2022/23	54.2%		49 participating hos		pitals (including three non-HSE/private)		
2021/22	(	64%		47 participating hospitals (including three non-HSE/private)			
2020/21	71%			52 participating hospitals (including three non-HSE/private)			
Season			Uptake in non-HSE LTRCF H&CWs		Notes		
2022/23	53.5	53.5%		6%	171 managed/staffed/funded by the HSE 48 non-HSE/privately-run entities		
2021/22	55.2	55.2% 55		1%	214 managed/staff/funded by the HSE 79 non-HSE/privately-run entities		
2020/21	66.3% 60		60.	9%	225 managed/staff/funded by the HSE 197 non HSE/privately-run entities		



### **Importance of the Flu Vaccine**

## $H_{\Sigma}^{2}$ Why is Vaccination important for Health and Care Workers?

- Up to **75% of people with influenza will have no symptoms**-but they can transit infection. This means that healthcare workers can spread 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.

## Here are (LTC) Facilities

- Flu outbreaks occur each year in LTC facilities.
- These **outbreaks pose a serious threat to health**, especially to people who are most vulnerable to influenza complications, such as older adults and those living with chronic health conditions.
- Adults over 65 years of age are at highest risk for hospitalization and complications from influenza. 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.
- **Staff absences** due to illness can increase pressure on long term care facilities to maintain safe staffing levels.

## **Who Should be Vaccinated?**

Everyone working in a health and care 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
- $\checkmark$  carers and home helps
- ✓ all GP and pharmacy staff
- ✓ agency staff who fall into the above categories



## Health and Care Workers- LTRCFs

#### **Long-Term Residential Care Facilities**

- From 2<sup>nd</sup> October 2023 HSE COVID-19 vaccination teams will offer flu vaccine to all residents (regardless of age and if they need COVID-19 booster).
- Health and Care Workers (H&CWs) in these settings may opportunistically receive flu vaccination from HSE mobile vaccination teams or via the local flu peer vaccination service (if it is available). H&CWs can also access the free flu vaccine at participating GPs and pharmacies.
- <u>The HSE COVID-19 vaccination teams will be ordering the flu vaccine required for this</u> <u>activity.</u> Long-Term Residential Care Facilities (including nursing homes) have therefore been advised not to order flu vaccines for their residents.

## Health and Care Workers- CHO/HGs

#### **HSE Flu Peer Vaccination Programme**

- The flu peer vaccination programme will continue to offer the flu vaccine for H&CWs in the community and acute hospitals to access flu vaccination at their workplace. H&CWs can also access the free flu vaccine at participating GPs and pharmacies.
- Where possible H&CWs should also be enabled to access COVID-19 vaccines together with their flu vaccine. Where local areas wish to provide both COVID-19 boosters clinics and flu vaccines jointly in their healthcare setting or at a local COVID-19 vaccination base for H&CWs from 2<sup>nd</sup> October; this is under the remit of local governance.

# Health and Care Workers

Primary care has been a critical channel for flu vaccine administration for most of the eligible cohorts in the community.

 Last season over 63% of the 1.24 million flu vaccines were administered in general practice and a further 29% administered in pharmacies.

It is expected that all other eligible cohorts will be vaccinated in primary care includes:

- older adults (people aged 65 and over)
- persons at high risk of flu related complications (those aged 6 to 23 months and aged 13-64 years)
- pregnant women
- carers and household contacts of people with increased medical risk and
- people with regular contact with pigs, poultry or water fowl
- health and care workers who were unable to access flu vaccines at their workplace



### Vaccines for the 2023/2024 Flu Season

# **H** Flu vaccines

The 2023/2024 HSE seasonal influenza vaccination programme flu vaccines available

Product Name	Vaccine Type	Age	Manufacturer	Storage	Shelf Life
Influvac Tetra	<ul> <li>Non-live quadrivalent influenza vaccine, QIV</li> <li>cultured in fertilised hens' eggs</li> <li>surface antigen, inactivated</li> <li>prefilled syringe for intramuscular injection</li> </ul>	From 6 months	Mylan	Influenza vaccines should be stored at	(1 Year) Until end of season
Fluenz Tetra	<ul> <li>quadrivalent live attenuated influenza vaccine, LAIV</li> <li>produced in Vero cells and cultured in hens' eggs</li> <li>nasal spray suspension</li> <li>live attenuated</li> </ul>	24 months to less than 18 years	AstraZeneca AB	+2 to +8°C. If a vaccine has been frozen, it should not be used.	18 weeks

## $\int \tilde{z}$ 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).



# HE QIV: Dose

### **Quadrivalent Influenza Vaccine**

Group	Number of doses
Children aged 6 months to <9 years	Two doses 4 weeks apart, if • receiving influenza vaccine for the first time or • vaccination history is unknown
Patients post haematopoietic stem cell transplant or post solid organ transplant Cancer patients who receive the vaccine while on chemotherapy and who complete their treatment in the same season*	Two doses 4 weeks apart, if receiving influenza vaccine for the first time post-transplant 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 ≥1.0 x10<sup>9</sup> /L

# **H** 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 neutropoenia (absolute neutrophil count <0.5 × 10<sup>9</sup>/L) should not receive any vaccines, to avoid an acute vaccine related febrile episode. This does not apply to those with primary autoimmune neutropenia who can get the flu vaccine unless other contraindications.
- Patients on combination checkpoint inhibitors (e.g. ipilumumab plus nivolumab) should not receive any influenza vaccines, because of a potential association with immune related adverse reactions.

# HE 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.

# **H** Post Vaccination

- 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.





## **Frequently Asked Questions**

# HE Reasons for low uptake

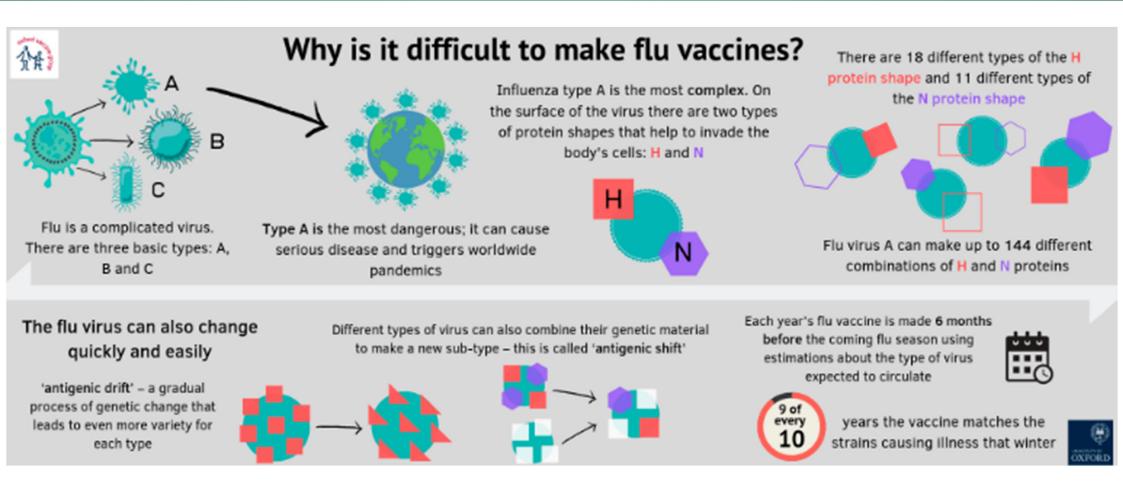
**Research** into health and care workers attitudes towards vaccinations shows that there are still a number of concerns about vaccination including:

- 1. Vaccine safety fears.
- 2. Perception of low direct risk from infection, particularly among younger staff.
- 3. Low perceived effectiveness of the vaccine.
  - For example, 3 in 10 HSE staff do not agree that COVID-19 vaccination would reduce the risk of getting COVID-19.
- 4. Hesitation about getting a 'double dose' of COVID-19 and flu vaccine in one sitting.
  - Of the HSE staff surveyed; intention to get the **next flu vaccine** remains high at **80%** but plans to take-up **the next COVID-19 vaccine** drops significantly to **64%**.

## **How Effective is the Vaccine?**

- Annual vaccination is important because flu viruses are constantly changing and immunity from Vaccination declines over time.
- Vaccine effectiveness depends on how closely circulating strains of influenza match with those in the vaccine. Influenza vaccines provide seasonally variable protection of 40-90% in persons less than 65 years.
- Although the vaccine may be less effective in preventing illness among persons 65 years of age and older- it is effective in preventing complications and death. Among elderly persons living in long-term care facilities, the vaccine is 50-60% effective in preventing hospitalisation for all causes and 70-80% effective in preventing death.

## **Fin Vaccine effectiveness**





- The flu vaccine is very safe. It has been given for more than 60 years to millions of people worldwide.
- The injected flu vaccine contains an inactivated virus that cannot give you influenza. If you feel achy or slightly feverish, it is a normal reaction of the immune system to the vaccine, and generally lasts only a day or two
- Most sides effects are mild to moderate and usually disappear within a couple of days without needing treatment. Severe side effects are extremely rare.

## Should Pregnant Healthcare Workers be Vaccinated?

- Yes. Flu vaccine is recommended for all pregnant women. Pregnant women are more likely to get complications from influenza because of changes in their heart and lung function during pregnancy. If they get influenza, they are more likely to need admission to hospital and even to critical care units.
- Getting influenza in pregnancy may also lead to premature birth, lower birth weight and even stillbirth. There is evidence that flu vaccination reduces the rate of stillbirth by over 50%.
- After birth, the flu vaccine continues to provide protection to the mother and baby for up to six months after birth. Infants under the age of 6 months have the highest rate of hospitalisation and death from influenza.
- The vaccine can be given at any stage of pregnancy.

## $H_{\sim}^{\sim}$ Adverse reactions - QIV

- The most commonly reported adverse reactions are pain at the injection site, localised redness and swelling at the injection site, myalgia and headache (1 in 10).
- Serious allergic reactions are very rare.
- Very rare: immediate allergic reactions.
- 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

## $\int \tilde{z}$ Co-administration with COVID-19

NIAV recommends:

- COVID-19 and adult seasonal influenza vaccines should be co-administered where practicable, to maximise uptake.
- Co-administered vaccines should be given in different arms.
- Vaccinees should be informed there may be a slight increase in short term mild adverse events after co-administration with a seasonal influenza vaccine. These include pain at the site of injection, fatigue, headache, and myalgia.

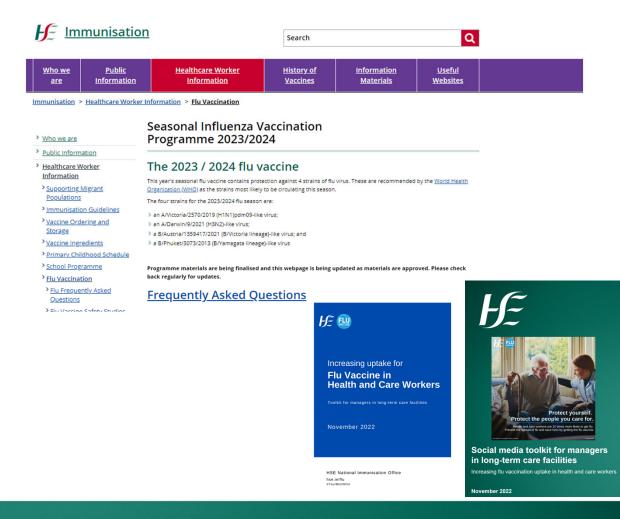
As a precaution for children 6 months to 4 years other vaccines (including the flu vaccine) should be separated from COVID-19 vaccines in this age group by 14 days.



### Resources

## **H** Resources on immunisation.ie

- HSELanD eLearning Programmes search for
  - "Quadrivalent Influenza Vaccine (QIV)"
- Medicine Protocols and Training Materials
- Clinical Webinars
- Seasonal Influenza Vaccination Programme (SIVP) Supportive Information Document for HSE Vaccinators
- FAQs
- Consent Forms
- Toolkits and campaign assets (to be released soon)



# **HE** New HSELand Module for H&CWs on COVID-19 and Flu Vaccinations

#### Why?

Provides H&CWs with the right information to make an informed decision on COVID-19 and Flu Vaccines this Autumn

#### How do you find it?

Go to HSELand.ie

- Search for "The Flu and Covid-19 vaccines for Healthcare Workers – protect yourself, protect others' or
- The module is located in

Course Catalogue ----> Personal Effectiveness

#### Time

• The module only takes 15 minutes

### The Flu and COVID-19 Vaccines for Healthcare Workers

Protect yourself, Protect others

Start

Module last reviewed: 19/07/2023

# HE Resources- Coming Soon

HSE National Immunisation Offic December 202

### You are 10 times more likely to get flu.

### Protect yourself and the people you care for this flu

season.

If you are a health and care worker, get your free annual flu vaccine at your GP, pharmacy or workplace.



hse.ie/flu

#### Flu vaccine for health and care workers fact sheet $H \in \mathbb{R}^{2}$ If you work in Flu can be serious, What is flu? even for healthy healthcare Flu is a highly infectious illness caused by the flu virus people The flu season begins at the ten times start of October more likely and lasts until the end of April. end of 1 in 5 health and spread flu care workers Patients rely without knowing $(\mathbf{f})$ on you to protect them During a flu season in Ireland 200-500 people could die. Prevent the You need both You need to spread of flu the COVID-19 $\checkmark$ get the and save lives and flu vaccines flu vaccine Health and care workers should be **up to** how lower rates of flu-like date with both vaccines to provide the every year llness, hospitalisations and most protection this winter. deaths from flu in older get the booster, you can the booster at the same time, before or after your flu vaccine The flu vaccine is safe flu season. Side effects from the vaccine are generally mild and short-lived. Mild symptoms like headache, aches, soreness or redness at the injection site he fli or mild sweating or shivering should all respond to rest and paracetamol. The flu vaccine is very effective millions of peop 40% reduction in influenza-related patient deaths. 60 vears. unisation Office | hse.ie/flu



#### Hĩ Public Information Materials resources hse.ie/flu



#### Flu

Flu (influenza) is a severe infection caused by a virus. The flu virus infects your lungs and upper airways.

Symptoms and diagnosis

Treatment

#### Flu vaccine

Flu vaccine overview

Getting the flu vaccine

Find a pharmacy giving flu and COVID-19 vaccines

Children's flu vaccine

Flu vaccine in pregnancy

Flu vaccine for older people

Flu vaccine for healthcare workers

Flu vaccine information materials



English  $\vee$ 

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#### Flu Vaccine for Healthcare Workers

It takes just a few minutes to protect yourself and the people around you. You are 10 times more likely to get flu Flu is serious

You can spread flu without knowing it

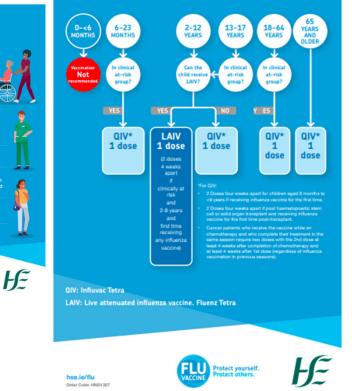
Your patients rely on you to protect them fou can protect your family and those around you

#### Flu vaccine is safe It's been given to millions of people for more than 60 years.



hse.ie/flu

#### Flu Vaccine 2023/24



# **H** Call to action

#### 1. Strong Locally Led Plans

- Flu &COVID-19 Plans developed by each area
- Locally driven communication plan within this is key
- 2. New HSELand module 'The Flu and Covid-19 vaccines for Healthcare Workers protect yourself, protect others.'
  - Available now on HSELand.
  - Should be encouraged by managers for their staff to ' undertake.
  - Enables H&CWs to make an informed decision on winter vaccinations.

#### 3. Strong local Governance and Leadership:

- Monitor vaccination rates at senior management meetings.
- Local leaders & managers should provide strong messages on importance of vaccination to protect their staff, their services and the people they serve.
- Lead by example and support staff vaccinations.

## 4. Support co-administration of flu and COVID-19 vaccines

- Support the HSE flu peer vaccinators to administer the flu vaccine to staff on-site.
- Offer on-site co-aligned peer vaccinator flu clinics and COVID-19 vaccination clinics (delivered by HSE COVID-19 vaccinators) to H+CWs early this autumn.



## Close

Healthcare professionals can also email us at immunisation@hse.ie