Master Medicine Protocol for the administration of Influvac® Sub-unit Inactivated Influenza vaccine to adult vaccine recipients

This medicine protocol is a specific written instruction for the administration of the Influvac Sub-unit Inactivated Influenza Vaccine (IIV) to adult vaccine recipients by healthcare professionals included in Statutory Instruments S.I. No. 245 of 2021 and S.I. No. 511 of 2021 who are registered with their respective regulatory body. This medicine protocol is valid for the 2025/2026 Health Service Executive (HSE) Winter Vaccination Programme. This medicine protocol enables the healthcare professionals listed in S.I. No. 245 of 2021 and S.I. No. 511 of 2021 who have undertaken the required education and training programmes for their profession to administer Influvac Sub-unit IIV to adult vaccine recipients. This is with reference to guidelines and guidance from the National Immunisation Advisory Committee (NIAC), National Immunisation Office (NIO), HSE and in accordance with the Summary of Product Characteristics (SmPC) for Influvac Sub-unit IIV as detailed by the www.medicines.ie

- National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland
- National Immunisation Advisory Committee Immunisation Guidelines for Ireland available at https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland
- Summary of Product Characteristics for Influvac Sub-unit Influenza Vaccine available at: https://www.medicines.ie/medicines/influvac-sub-unit-suspension-for-injection-32460/spc

A medicine protocol has been defined as “written directions that allow for the supply and administration of a named medicinal product by a nurse or midwife in identified clinical situations. A medicine protocol involves the authorisation of the nurse/midwife to supply and administer a medicine to groups of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment. An individually named prescription is not required for the supply and administration of medication when a medication protocol is in effect” (An Bord Altranais, 2007, pg 35).

A medicine protocol is a nationally approved prescription for the supply and administration of a medicine as per above definition. The HSE Chief Clinical Officer and Director of National Health Protection have approved the use of medicine protocols by healthcare professionals listed in S.I. No. 245 of 2021 and S.I. No 511 of 2021. This medicine protocol is developed to facilitate the delivery of HSE Winter Vaccination programme 2025/2026 in line with NIAC recommendations endorsed by the Department of Health (DoH).

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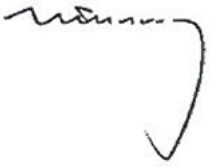
Document reference number	NIO September 2025 version 1
1.0 Critical elements	
Name of Organisation where medicine protocol applies	Health service providers across the voluntary and statutory services of the HSE, non-HSE healthcare facilities and vaccination clinic venues, congregated settings, temporary clinics and mobile units. This medicine protocol applies to: healthcare professionals included in S.I. No 245 of 2021 and S.I. No. 511 of 2021 who are registered with their regulatory body and have undertaken the required education and training programmes relevant to their profession.
Date the medicine protocol comes into effect	September 2025 to April 2026
Date for review of medicine protocol	May 2026
Document prepared by	The National Immunisation Office (NIO), HSE
Names and Signatures of the employing authority who is authorising the implementation of the medicine protocol ***"On behalf of the authority employing professionals authorised to administer under this medicine protocol, I have read this medicine protocol and authorise its implementation"***	Name: **Dr Eamonn O'Moore**, Director of National Health Protection, HSE Signature:  Name: **Dr Colm Henry**, Chief Clinical Officer, HSE Signature: 

2.0 Clinical criteria	
Clinical condition for use of the medicine protocol	The clinical condition for which this medicine protocol has been developed is for the immunisation of adult vaccine recipients against influenza virus for the 2025/2026 Winter Vaccination Programme.
Circumstances in which the medicine protocol applies	Targeted immunisation programme for adult vaccine recipients during the influenza season who are at risk of influenza infection and associated complications.
Inclusion criteria for adult vaccine recipients receiving the Influvac Sub-unit Inactivated Influenza Vaccine under this medicine protocol	Active immunisation to prevent influenza infection caused by influenza virus, in adults 18 years of age and over who are recommended to receive an influenza vaccine, including pregnant women
Precautions for adult vaccine recipients receiving the Influvac Sub-unit Inactivated Influenza Vaccine under this medicine protocol	**Precautions to receiving Influvac Sub-unit:** • Acute severe febrile illness: Defer until recovery • Receiving combination checkpoint inhibitors (e.g. ipilumumab plus nivolumab), because of a potential association with immune related adverse reactions: Consult with relevant specialist who may opt to administer influenza vaccine following an individual risk benefit assessment. • Egg anaphylaxis or egg allergy ○ IIV-trivalent has an ovalbumin content of ≤50 nanograms per dose. NIAC advises that those with confirmed egg anaphylaxis or egg allergy can be given influenza vaccine in a primary care with the exception of those who have required admission to ICU for a previous severe anaphylaxis to egg. This group should be referred for specialist assessment with regard to vaccine administration in hospital. **Note:** IIV and other vaccines, including COVID-19 vaccines, may be administered at the same time or at any interval.
Exclusion criteria for adult vaccine recipients using the medicine protocol	**Contrandications:** • Anaphylaxis following a previous dose of influenza vaccine or any of its constituents (other than ovalbumin – see precautions) • Those with severe neutropoenia (absolute neutrophil count <0.5 ×10^9/L) should not receive any vaccines, to avoid an acute vaccine related febrile episode. This does not apply to those with primary autoimmune neutropoenia who can receive influenza vaccine unless contraindicated. • Adult vaccine recipients who already received a full course of any recommended flu vaccine for their age in the 2025/2026 influenza season.
Actions to be taken for those who are excluded from the medicine protocol	• All individuals with precautions should be assessed by the vaccinator for suitability and if required referred to a specialist medical team for advice. • All individuals meeting exclusion criteria must be referred to the relevant medical professional for an individual medical assessment. • Document assessment in clinical notes/on NIIS system. • Where Influvac Sub-unit IIV, is prescribed following specialist medical assessment, the vaccinator may administer Influvac Sub-unit IIV, within their scope of practice. **Note:** In determining their scope of practice, vaccinators must make judgements about their competency to carry out a role or activity in accordance with the guidance from their regulator
Action to be followed for those who do not wish to receive the vaccine	Advise of the risks of not having the vaccine, including risk of transmission of influenza virus to others.
Description of circumstances and referral arrangements when further advice or consultation is required	Refer to/discuss with relevant medical practitioner /clinical lead/ lead vaccinator if the adult vaccine recipient had previous adverse reaction or other clinical concerns as outlined in exclusion criteria.
Documentation required to support implementation of the medicine protocol	• Check for and ensure consent has been obtained • Vaccine information leaflets • NIIS record/ Patient held record cards

	It is the responsibility of each vaccinator to be familiar with the appropriate documentation to support the safe administration of influenza vaccine which includes the following: • This Medicine Protocol for the administration of Inactivated Influenza Vaccine (IIV) • Please refer to Section B for registered nurses / midwives and *Self- Assessment of Competency Form* • National Immunisation Advisory Committee (2023) *Anaphylaxis: Immediate Management in the Community* • Chapter 11 Influenza from NIAC Immunisation Guidelines for Ireland
3.0 Name of Medicine and recommendations in line with the Immunisation Guidelines of Ireland	
Name of Medicine	Influvac sub-unit, suspension for injection in pre-filled syringe Influenza vaccine (surface antigen, inactivated)
Dose & route of administration	**Dose:** 0.5 ml of vaccine (pre-filled syringe) **Route:** Intramuscular administration only Only 1 dose of the vaccine is usually required each flu season. **Second Dose:** In rare circumstances 2 doses of the vaccine will be required 4 weeks apart: 1) Those receiving the vaccine for the first time post haematopoeitic stem cell or solid organ transplant (should get 2 doses 4 weeks apart) 2) For cancer patients vaccinated while on chemotherapy and who completed treatment in the same season (regardless of previous influenza vaccination). 2nd dose at least 4 weeks after completion of chemotherapy and at least 4 weeks after 1st dose if the lymphocyte count is ≥1.0 x10^9/L
Link to Medicine **Details of product information and other data including instructions for supply and administration is available at www.medicines.ie**	Influvac Sub-unit Inactivated Influenza vaccine, containing influenza virus (inactivated) of the following strains for 2025/2026 flu season: • A/Victoria/4897/2022 (H1N1)pdm09-like strain • A/Croatia/10136RV/2023 (H3N2)-like strain • B/Austria/1359417/2021-like strain **Link to Summary of Product Characteristics here** https://www.medicines.ie/medicines/influvac-sub-unit-suspension-for-injection-32460/spc **Link to Patient Information Leaflet here** https://www.medicines.ie/medicines/influvac-sub-unit-suspension-for-injection-32460/patient-info#tabs
Potential adverse reactions and procedures for treatment of same	Following administration of the vaccine, the adult vaccine recipient should be advised to remain seated in the post vaccination observation area for at least 15 minutes to allow monitoring of any immediate reaction including suspected anaphylactic reaction. The adult vaccine recipient should be advised to contact relevant medical personnel in the event of adverse reaction occurring following administration of the vaccine (General Practitioner (GP) /out of hours/Emergency Department/Occupational Health Department) after the above period of observation. **Reporting side effects** The vaccine recipient should be advised that they can report any side effects to the Health Products Regulatory Authority (HPRA) at www.hpra.ie.
Procedure for reporting Adverse Drug Reactions to the HPRA	The vaccinator should report to the HPRA any suspected adverse reactions, in accordance with criteria outlined by the HPRA. This reporting may be carried out online at http://www.hpra.ie

	The adult vaccine recipient's GP should be informed of any reported adverse reaction. The vaccine recipient should be advised that they can also report any side effects to the Health Products Regulatory Authority (HPRA) at www.hpra.ie. In the event of anaphylactic reaction, the incident and all actions taken must be promptly recorded in accordance with the National Immunisation Advisory Committee (2023) *Anaphylaxis: Immediate Management in the Community* available online:
Procedure for the reporting and documentation of errors and near misses involving the medicine	In the case of medicine errors that directly involve the adult vaccine recipient, i.e. wrong medicine/patient/dose/route being administered or another medicine error, the vaccinator must remain with the vaccine recipient and closely monitor them for any adverse reactions. Vital signs should be recorded and the adult vaccine recipient should be reviewed by the vaccinator/relevant medical practitioner/clinical lead/ lead vaccinator. The incident must be reported to the relevant line manager as soon as possible. The incident and all actions taken must be promptly recorded and the relevant National Incident Management Report Form completed: https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/nims/nirf-01-v12-person-interactive.pdf The adult vaccine recipient and/or significant others should be informed of the incident. Further information can be found in the HSE Open Disclosure Policy 2025 Any suspected adverse reactions associated with medicine errors should be reported to the HPRA as outlined above.The vaccine recipient should be advised that they can report any side effects to the Health Products Regulatory Authority (HPRA) at www.hpra.ie
Resources and equipment required	• Vaccine (pre-filled syringe 0.5 ml volume) • Fridge/cooler box with temperature monitoring device to maintain cold chain temperature between +2°C to +8°C • Ice/gel packs for cool box • Disposable kidney dishes/trays • Gauze swabs, tape/plasters • Sharps bins, and bins for disposal of other hazardous material • Alcohol hand sanitizer • Access to telephone • Anaphylaxis kit and drugs in accordance with NIAC (2023) *Anaphylaxis: Immediate Management in the Community* available online • Safe storage areas for medicines and equipment • Current medicine protocol for Influvac Sub-unit Inactivated Influenza vaccine
Audit process to identify appropriate use of the medicine protocol or unexpected outcomes	All documentation will be held for review and audit purposes as per local policy.
4.0 Information for adult vaccine recipients	
Advice to be given to the adult vaccine recipient before treatment	**Vaccine information material must be supplied to the adult vaccine recipient prior to administration of the vaccine.** **Before Treatment** 1. Discuss the influenza vaccine and the importance of protecting not only their own health but also protecting others. 2. Provide the adult vaccine recipient with patient vaccine information material 3. Discuss potential side effects 4. Obtain informed consent **The adult vaccine recipient may be advised:** The following side effects may be experienced (in addition please see Summary of Product Characteristics):

	• ***Local**:* Injection site pain is very common in adults. • ***General:*** Headache, myalgia and malaise are very common in adults. • ***Very rare**:* Immediate allergic reactions. • Very rare reports of Guillain-Barré syndrome (GBS) have been observed in the post-marketing setting following influenza vaccination. The incidence cannot be estimated from known data. The risk of GBS following influenza infection is several times greater than that following influenza vaccination.
Advice to be given to the adult vaccine recipient after treatment	**After Treatment** 1. Discuss potential side effects. If more serious or persistent adverse effects occur, the adult vaccine recipient should be advised to contact their GP/out of hours service. This includes the very rare risk of GBS in the weeks after vaccination 2. The adult vaccine recipient should be advised to remain in the healthcare facility for at least fifteen minutes. 3. The adult vaccine recipient should not leave the healthcare facility if they are feeling unwell and must report any unwanted side effects to the vaccinator who has administered the vaccine/ healthcare professional within the observation area. 4. Paracetamol/Ibuprofen may be taken to relieve symptoms of fever or pain Details of any serious adverse reaction to the vaccine should be forwarded to the medical practitioner or Occupational Health Physician (for healthcare worker) and reported to HPRA as outlined above.
Details of any necessary follow-up, action and referral arrangements	In the event of an adverse reaction the vaccination team ensure that all procedures are adhered to as outlined in Section 3.
5.0 Staff authorised to use this medicine protocol	
Professional qualifications, training and competence required prior to using this medicine protocol	1) Be a registered healthcare professional, on the active register maintained by the relevant professional regulatory body in Ireland 2) An approved *Basic Life Support for Health Care Providers Course* within the last two years (For e.g. Irish Heart Foundation (IHF), American Heart Association (AHA)) 3) Initial *National Anaphylaxis Education Programme for Health Care Professionals* accessible on www.HSELanD.ie followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line *National Anaphylaxis Education Programme for Health Care Professionals* accessible on www.HSELanD.ie or the relevant anaphylaxis management programme approved by their professional organisation. 4) *Inactivated Influenza Vaccine* 2025/2026 season accessible on www.HSELanD.ie 5) *Storing and Managing Vaccines* accessible on www.HSELanD.ie **Note:** In addition to the above, the vaccinator must complete the education, training, and self-assessment of competence requirements as recommended by their professional organisation /regulatory authority. Registered Nurses and Registered Midwives, Registered Physiotherapists, Radiographers, Radiation Therapists, Optometrists and Vaccinators registered with Pre-Hospital Emergency Care Council (PHECC) must read their Section B document specific to this medicine protocol and complete the Self-Assessment of Competency Form relevant to their profession.

Appendix I

Signature Sheet

Name of Medicine Protocol: Medicine Protocol for the Administration of Influvac Sub-unit Inactivated Influenza Vaccine to adult vaccine recipients by healthcare professionals included in Statutory Instruments S.I. No. 245 of 2021 and S.I. No. 511 of 2021 who are registered with their respective regulatory body.

I have read, understand & agree to adhere to this medicine protocol

Name	Signature	Occupation	NMBI/other Regulatory PIN	Date

The above signed healthcare professionals are authorised by the signatories on page 2 to administer seasonal influenza vaccine Inactivated Influenza vaccine to adult vaccine recipients in accordance with this medicine protocol.

References

An Bord Altranais (2007) *Guidance to Nurses and Midwives on Medication Management* Dublin: An Bord Altranais

Nursing and Midwifery Board of Ireland (2020) *Guidance for Registered Nurses and Registered Midwives on Medication Administration*. Dublin: Nursing and Midwifery Board of Ireland available at: https://www.nmbi.ie/NMBI/media/NMBI/NMBI-Medication-Administration-2020

Health Service Executive (2022) Revised National Consent Policy 2022 V1www.hse.ie/nationalconsentpolicy

Health Service Executive (2025) Open Disclosure Policy https://www2.healthservice.hse.ie/files/220/

National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC) https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/.

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland

National Immunisation Advisory Committee Immunisation Guidelines for Ireland Dublin: Royal College of Physicians Ireland, online update available at https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland

Summary of Product Characteristics available at: https://www.medicines.ie/medicines/influvac-sub-unit-suspension-for-injection-32460/spc#tabs

S.I. No. 245/2021 - Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 7) Regulations 2020. Available at https://www.irishstatutebook.ie/eli/2021/si/245/made/en/print

S.I. No. 511/2021 - Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 7) Regulations 2020. Available at https://www.irishstatutebook.ie/eli/2021/si/511/made/en/print