

Module 1937

The seasonal influenza vaccination service

From this CPD module on the flu vaccination service you will learn about:

- The flu vaccine and how the service offered in England has evolved
- Training needed to offer a flu vaccination service
- Key elements of the service in England
- Groups the service can be offered to, off-site vaccinations and patient education

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Influenza (flu) is a highly infectious disease of the respiratory tract. There are three types of influenza virus – A, B and C – with A and B responsible for most clinical illnesses. The virus is spread by airborne droplets and direct contact with respiratory secretions of an infected person.

Influenza is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. Other common symptoms include a dry cough, sore throat and stuffy nose. Many patients confuse flu with the common cold; they share some similar characteristics, but influenza is more severe and debilitating.

For healthy individuals the infection is self-limiting, with recovery between two and seven days after development of symptoms. Symptomatic relief is usually the most appropriate treatment.

Influenza may be complicated by bronchitis and pneumonia in older patients and those with chronic illnesses. Influenza in

pregnancy may also be associated with perinatal mortality, premature birth, smaller neonatal size and lower birth weight. Due to the risk of complications, the flu vaccine is recommended for these patient groups.¹

Providing the flu vaccination service

Providing seasonal influenza vaccinations to patients had been a highly successful and effective initiative provided by community pharmacists for many years as a private service.² Then, from 2015-16, NHS England commissioned a new advanced service that allowed community pharmacists in the country to vaccinate certain groups of at-risk patients from the flu. The success of this service, which included a high uptake of the vaccine alongside positive patient feedback, led to NHS England rolling out a national flu vaccination programme.²

The service was extended in 2017 to allow pharmacists to vaccinate care home and domiciliary care workers. A further extension to the service came in 2018 when hospice workers were added as a new eligible group.²



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By targeting these workers, who are in direct contact with at-risk groups more susceptible to flu (including over-65s, vulnerable or immunocompromised patients) it helps ensure they are protected. This is a primary example of “herd immunity”.

A national flu service is also offered in Wales. There are currently no national flu services offered through community pharmacy in Northern Ireland and Scotland.

The 2018-19 flu season saw community pharmacies in England administer 1,431,538 vaccines under the national NHS Flu Vaccination Service, a figure that has been rising steadily each year.³ The success of the service is a reflection of the unique position of pharmacy within the healthcare system. The close relationship that most patients have with their pharmacist, coupled with the

accessibility and long opening hours of many pharmacies, has resulted in a high level of uptake among regular customers.

While many patients choose to have their flu vaccine administered by a GP during routine visits, there is a large cohort of patients who may attend their pharmacy each month, but rarely see their GP. These are ideal candidates for vaccination in the pharmacy. Most pharmacies allow vaccinations without the need for an appointment, which is another positive factor for patients.

At-risk groups

The programme aims to provide direct protection to those who are at higher risk of flu-associated morbidity and mortality, such as elderly patients, pregnant women and those with long-term health conditions.



Pharmacists can offer the flu vaccination under a PGD to all pregnant women over 18 years old

Those who are in an eligible at-risk category may receive the flu vaccine at no cost under the advanced service. The Joint Committee on Vaccination and Immunisation advises on who is classified as 'at-risk'.

Community pharmacists may offer the flu vaccine under the programme to the following groups under the national patient group direction (PGD):⁷

- those aged 18-64 years who have:
 - chronic (long-term) respiratory disease, such as severe asthma
 - chronic obstructive pulmonary disease or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease, motor neurone disease or learning disability
- diabetes
- splenic dysfunction or asplenia
- a weakened immune system, due to disease (such as HIV/AIDS) or treatment (such as chemotherapy).
- morbidly obese (defined as BMI of 40kg/m² and above)
- all pregnant women over 18 years old
- people aged 65 years or over (including those reaching 65 years of age by March 31, 2020)
- adults, 18 years or older, living in long-stay residential care homes or other long-stay care facilities (does not include prisons, young offender institutions or university halls of residence)
- adults aged 18 years and older who receive a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer is ill

- adults aged 18 years and older who are household contacts of immunocompromised individuals
- health and care staff (18 years old and over) employed by a voluntary managed hospice provider and directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.⁸

Exclusions from the service

Those excluded from receiving influenza vaccine under the PGD are people who:

- have not provided valid consent
- are under 18 years of age
- have had a confirmed anaphylactic reaction to a previous dose of the vaccine
- have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process (other than ovalbumin)
- have received a complete dose of the recommended influenza vaccine for the current season
- are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).

Individuals under 18 years of age who are at risk should be referred to their GP for vaccination.

If a community pharmacy contractor gives the vaccination to any other patient group outside of the PGD, they will not be paid, as it is not authorised under the flu vaccination service.²

Patient education

Community pharmacists should endeavour to raise awareness among patients in the at-risk categories and promote the administration of the flu vaccine service; for example, by using posters, leaflets and stickers on prescription bags. Engagement with eligible patients and education on the benefits of the vaccine is an effective way to promote awareness and confidence in the service.

Changes to the surface antigens of the virus occur from season to season and therefore strains of influenza contained in the vaccine change each year. The World Health Organisation recommends which strains should be contained in the vaccine. There are a variety of flu vaccines available and they contain either three strains (trivalent) or four strains (quadrivalent) of flu virus.^{7,8} The following vaccines are suitable for use in the national flu vaccination programme:^{7,8}

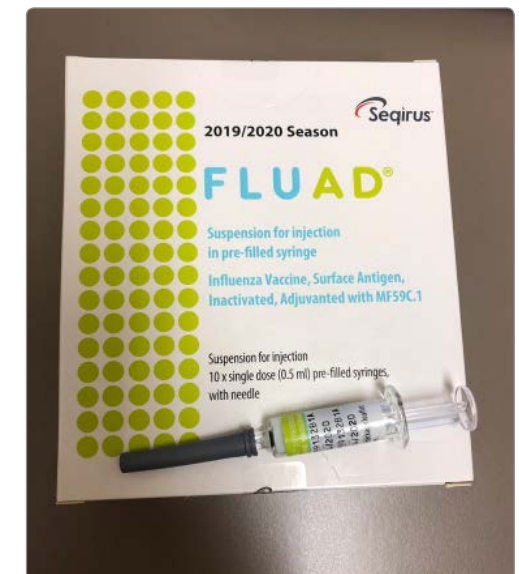
For those aged 18-64 years:

- Standard egg-grown quadrivalent influenza vaccine (QIVe)
- Cell-based quadrivalent influenza vaccine (QIVc).

For those aged 65 years and over:

- Adjuvanted trivalent influenza vaccine (aTIV) (the added adjuvant results in a stronger immune response, producing more antibodies and a longer period of immunity in this patient group)
- Cell-based quadrivalent influenza vaccine (QIVc)

The high-dose trivalent influenza vaccine (TIV-



HD), although a suitable alternative in this age group, is not reimbursed under the NHS flu vaccination programme due to its significantly higher list price.

The vaccines can take up to two weeks to take full effect. They offer protection against the strains included in them. The effectiveness of a vaccine changes year to year, (between 30-60%), depending on the composition and type of the vaccine, circulating strains and age of the individual being vaccinated.⁹ However, they remain the best method of protection against flu for at-risk patients.¹²

Anaphylaxis

The flu vaccine is suitable for almost any patient group, except those who have previously suffered anaphylaxis to the vaccine or any of its constituents. Anaphylaxis is a rare, but serious and potentially life-threatening, side effect of the vaccine, which is why pharmacists are required to undertake

training in anaphylaxis recognition and treatment with adrenaline, as well as basic life support.

Symptoms that may indicate anaphylaxis include swelling around the face and throat, tachycardia and skin rash – these usually present quickly following vaccination, but can occur up to 72 hours afterwards. Patients should be advised to seek urgent medical attention if they suspect anaphylaxis.

The most commonly seen side effects include local site reactions (redness, swelling and tenderness at the injection site) and flu-like symptoms.^{11,13} These can be managed with paracetamol/ibuprofen, if suitable for the patient.

Providing patients with some basic information on the flu vaccine and influenza is an important part of the vaccination consultation. For patients to consent to the vaccination they must have appropriate information to make an informed decision. You should take time to ensure



Anaphylaxis usually presents quickly following the vaccine, but can present up to 72 hours after administration

patients understand:

- what influenza is
- the benefits and risks of vaccination against influenza
- the management of common side effects.

Patients should also be given the opportunity to ask questions and talk about concerns they may have before they give their consent.

Setting up a flu vaccination service

Once all the necessary requirements are in place, the service can be started. Those wishing to set up the service should consider each of the following elements:

Training requirements

To vaccinate under the NHS flu vaccination service, all pharmacists must complete appropriate face-to-face training on injection technique and life support every three years. This training must comply with national minimum standards in relation to vaccination training.

Training on the treatment of anaphylaxis should be given, including equipment needed, adrenaline dosages and injection sites. Online training on influenza immunisation is available from Public Health England and Health Education England.

A declaration of competence (DoC) must be printed and signed for pharmacy professionals providing the advanced service.

In addition, all staff involved in the vaccination service must complete suitable training that outlines the procedures for running the service and the risks associated with clinical waste and needlestick injury.

National PGD

The administration of the flu vaccination under the service is legally authorised under a national PGD. Pharmacists must print and sign the PGD before commencing the service.

Commencement and duration

Under the national PGD, the service runs from September 1 until March 31, although pharmacists should focus on vaccine administration from September 1-January 31 during the peak of flu season to increase effectiveness.³

Standard operating procedures (SOPs)

Appropriate SOPs must be in place for the provision of the service. At a minimum, the Pharmaceutical Services Negotiating Committee (PSNC) says these should include:⁴

- the service provided to patients and the roles of different staff members (including their role if providing services in care homes or patients' homes)
- the ongoing conditions under which the service needs to be provided
- cold chain integrity
- needlestick injuries
- consider hepatitis B vaccinations for staff involved in the service
- the identification and management of adverse reactions
- the handling, removal and safe disposal of any clinical waste.

Consultation room

The pharmacy must have a suitable consultation room that complies with General Pharmaceutical Council (GPhC) standards. It must be a private, clearly designated, area in the pharmacy where vaccinations can comfortably take place.⁴

Equipment

Ensure that all necessary equipment is available before starting the service. Compiling a checklist of required equipment may be helpful for stock control. Equipment may be stored in the consultation room or dispensary for convenience. However, if stored in the consultation room, it must be appropriately secured to prevent public

access. Equipment required includes:⁶

Infection control equipment:

- alcohol and gel
- hard surface wipes

Administration equipment:

- latex-free gloves
- cotton wool/gauze swabs

Waste management:

- clinical waste bin
- sharps bin
- confidential waste bin

Emergency equipment

- CPR mask
- adrenaline
- automated external defibrillator (AED) (if not in the pharmacy, you should know the location of the nearest AED).

Off-site vaccinations

Pharmacists are permitted to vaccinate eligible patients under the advanced service in a patient's home or in long-stay care homes/residential facilities. Before providing this service, a notification of intent to provide off-site NHS flu vaccinations (found in the service specification), must be completed and submitted to the local NHS England team.⁴

A validated coolbox is essential for off-site vaccinations to ensure the cold chain is maintained (at temperatures between 2-8°C).

Hepatitis B vaccination

The hepatitis B virus (HBV) is transmitted through contact with the blood or other bodily fluids of an infected person. There is a risk of HBV infection when carrying out the flu vaccination service. It is therefore recommended that those involved in the service are vaccinated against HBV and advised of the risks if they choose not to be vaccinated.

Record keeping

For the advanced service, both the national patient record form and patient consent form

must be completed. The consent form must be completed and signed by the patient. A record of the consent may also be maintained digitally; for example, within the Sonar or PharmOutcomes systems, if available. Such systems may allow a completed copy of the consent form to be printed for patients to sign.

The Specialist Pharmacy Service recommends that patient consent forms are kept for at least six complete tax years. For post-payment verification, consent forms should be kept for at least two years after vaccination. Contractors are the data controllers, so each contractor has to determine what the appropriate length of time is, beyond two years.¹¹

GP notification and considerations

Pharmacists must notify GPs that the flu vaccine has been administered on the day of vaccination, or the following day. This will enable accurate patient vaccination records to be kept by GPs. The GP notification form can be sent by hand delivery, post, secure email or secure electronic data interchange.

Sources of further information

Resources for pharmacists:

- Further information on providing the NHS flu vaccination service can be found on the PSNC website, including some useful documents such as a pharmacist checklist, guidance documents and fact sheet at tinyurl.com/influenza002
- Public Health England has produced various documents on provision of the service, training for healthcare professionals and information on the 2019-20 PGD at tinyurl.com/influenza003
- Health Education England has produced eLearning for the influenza immunisation programme at tinyurl.com/influenza01
- The service specification booklet highlights

key changes to the service for 2019-20 at

tinyurl.com/influenza006

- The Centre for Pharmacy Postgraduate Education (CPPE) has a declaration of competence factsheet at tinyurl.com/influenza007.

Resources for patients:

- NHS website for information on flu at tinyurl.com/influenza008
- Nice Clinical Knowledge Summaries information for the public on flu vaccination at tinyurl.com/influenza009

- Public Health England patient information leaflet on the winter flu vaccination 2019-20 at tinyurl.com/influenza010

For information on flu services in Northern Ireland, Wales and Scotland:

- Influenza vaccination service specification for community pharmacists in Wales at tinyurl.com/influenza011
- Community Pharmacy Scotland at tinyurl.com/influenza012
- Flu immunisation programme 2018-19 Northern Ireland at tinyurl.com/influenza013.

Take the 5-minute test online

1. If a patient comes into the pharmacy who is under 65 years old with chronic bronchitis, they will not be eligible for the flu vaccination under the PGD.
True or false
2. The flu vaccination is 100% effective in preventing flu.
True or false
3. Pregnant women with influenza risk perinatal mortality.
True or false
4. The previous season's flu vaccination service ran from September 1, 2018 to May 1, 2019.
True or false
5. Pharmacists are not permitted to give flu vaccinations outside the pharmacy.
True or false
6. In the national flu vaccination programme, 18-64-year-olds are eligible to receive the adjuvanted trivalent influenza vaccine (aTIV).
True or false
7. The GP notification form, sent by pharmacists to GPs, to update patient vaccination records can be sent by post.
True or false
8. Pharmacists involved in the flu vaccination programme are recommended to take the hepatitis C vaccination.
True or false
9. Hospice workers are eligible to receive the flu vaccination under the PGD.
True or false
10. Patients with learning disabilities are able to receive the flu vaccination PGD.
True or false

Flu vaccination CPD planned learning

What are you planning to learn?

I want to learn about the national flu vaccination service. I would like to expand my services so that I am able to provide a service to patients who come into my pharmacy who need the flu vaccination, but are unable to book an appointment early enough with their GP.

This learning is relevant to me, as it will help me understand what is required for me to deliver this service, safely and lawfully. It will be particularly helpful for me to learn which patient groups are eligible to receive the vaccine and which groups do not fall under the patient group direction.

How are you planning to learn it?

- I plan to undertake face-to-face training according to the national minimum standards, so that I am able to offer the flu vaccination service.
- I plan to complete Health Education England's e-learning at tinyurl.com/influenza01.
- I plan to complete the five-minute test at www.chemistanddruggist.co.uk/update-plus to test my knowledge and confirm what I have learned.

Give an example of how this learning has benefited the people using your services.

I have learned what steps need to be taken before setting up a flu vaccination service within the pharmacy. This has been a useful result of my learning, as I now have a clearer understanding of how to make the flu vaccination safe for myself as well as my patients.

I have learned which groups I should target for the service and how I can provide patient education to increase uptake of the vaccine. Although I am yet to undertake my face-to-face flu vaccination training, I am excited to learn about the treatment of anaphylaxis, including equipment needed, adrenaline dosages and injection sites.

References

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8. Department of Health and Social Care, PHE and NHS England (2019) National flu programme letter.
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