WRITTEN INSTRUCTION

Written instruction to administer inactivated influenza vaccine (IIV) as part of an NHS Body (NHS Body defined below) or Local Authority occupational health scheme, which may include peer to peer immunisation (2025/26)

<u>For use only by the following:</u> registered nurses, registered midwives, registered nursing associates, registered operating department practitioners, registered paramedics, registered physiotherapists and registered pharmacists

Organisation name:	Family Nursing & Home Care
Date of issue:	28th August 2025
Date of review (not to exceed one year from date of issue):	28th August 2026
Reference number:	WI 2025/26
Version number:	6
[Details of local ratifying committee/governance approval or similar as appropriate:]	Chief Executive Officer

An NHS Body is defined in the Human Medicines Regulations 2012 (HMR 2012) as one of the following:

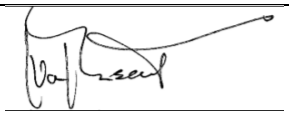
- the Common Services Agency
- a health authority
- a special health authority
- integrated care board
- NHS England
- an NHS trust
- an NHS foundation trust

Name and signature of the registered doctor authorising occupational health vaccinators, who declare themselves to have met the training and competency

requirements defined in this written instruction, to operate under this written instruction on behalf of the named organisation.

Occupational health vaccinators are defined in Regulations 8 of the HMR 2012. In accordance with Regulation 8 and Schedule 17 of HMR 2012, occupational health vaccinators employed or engaged by a person operating an occupational health scheme and operating under this written instruction may be: Registered nurses, midwives and nursing associates currently registered with the Nursing and Midwifery Council (NMC); operating department practitioners, paramedics and physiotherapists registered in Part 13, 8 or 9 of the Health and Care Professions Council register; Pharmacists registered with the General Pharmaceutical Council.

Note in the absence of an Occupational Health Service (OHS) physician this written instruction can be signed by an organisation's medical director or partner GP etc. The Doctor signing this written instruction on behalf of the organisation they are employed by must be working within their own competency when signing.

Name	GMC Registration Number	Job Title	Signature	Date
Dr I Muscat	2679149	Consultant Microbiologist		28.08.2025

Qualifications, registration, training and competency requirements

Qualifications and professional registration	Occupational health vaccinators, employed or engaged by a person operating an occupational health scheme, and with one or more of the following professional registrations: • Registered nurses, midwives and nursing associates registered with the Nursing and Midwifery Council (NMC). • Operating department practitioners, paramedics and physiotherapists registered in Part 13, 8 or 9 of the Health and Care Professions Council register. • Pharmacists registered with the General Pharmaceutical Council. **NO OTHER PRACTITIONERS CAN USE THIS WRITTEN INSTRUCTION**
Training and competency	All vaccinators (listed above) must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continuing Professional Development (CPD). All vaccinators (listed above) should be constantly alert to any subsequent recommendations from UK Health Security Agency (UKHSA) and/or NHS England and other sources of medicines information. All vaccinators (listed above) must have undertaken training appropriate to deliver influenza immunisation under this written instruction as required by local policy. This should be informed by the National Minimum Standards and Core Curriculum for Immunisation and tailored to the skills and competencies required for the safe and effective delivery of influenza immunisation services, including peer to peer immunisation. All vaccinators (listed above) must be competent in the handling and storage of vaccines, and management of the cold chain. The registered nurse who has not completed a foundation immunisation course should complete the relevant parts of the following 'flu immunisation course https://www.e-lfh.org.uk/programmes/flu-immunisation/ including the self-assessment sections.
Competency assessment	RCN Immunisation Knowledge and Skills Competence Assessment. This tool can be used as a self-assessment tool, a tool for assessment by a mentor or both. How it will be used will depend upon the experience of the immuniser. All vaccinators (listed above) operating under this written instruction are personally responsible for ensuring they remain up to date with the use of the vaccine/s included. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the Written Instruction and further training provided as required.

Clinical criteria

Clinical condition or situation to which this written instruction applies	Inactivated influenza vaccine (IIV) is indicated for the immunisation of employees for the prevention of influenza. Note: Employees refers to those staff employed by the authorising organisation or employees of another organisation the authorising organisation is commissioned to provide this vaccination service to.
Criteria for inclusion	Inactivated influenza vaccine should be offered to the following employees: • Employees aged 18 years and over including those in clinical at-risk groups. • Employees aged 16-17 years **not** in a clinical at-risk group. • Staff seconded to work for Family Nursing & Home Care.
Criteria for exclusion	Individuals for whom no valid consent has been received (for further information on consent see Chapter 2 of 'The Green Book). Individuals: • who are aged under 16 years of age • aged 16-17 years in a clinical at-risk group – advise to attend their GP surgery to be immunised with LAIV. • who have had a confirmed anaphylactic reaction to a previous dose of the vaccine • who have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process, other than ovalbumin – see Cautions in this table. (Residues from the manufacturing process may include beta-propiolactone, cetyltrimethylammonium bromide (CTAB), formaldehyde, gentamicin, hydrocortisone, kanamycin, neomycin, octoxinol-9, octylphenol ethoxylate, polysorbate 80, sodium deoxycholate. Check the specific vaccine product SPC for details.) • who have received a dose of influenza vaccine for the current season • who are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)
Cautions including any relevant action to be taken	**Increased bleeding risk:** • Individuals with a bleeding disorder may develop a haematoma at the injection site. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. • If the individual receives medication/treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. • Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic

	range, can receive intramuscular vaccination. A fine needle (23 gauge or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual/carer should be informed about the risk of haematoma from the injection. **Individuals with a severe anaphylaxis to egg** which has previously required intensive care can be immunised in any setting using an egg-free vaccine, for instance IIVc. Individuals with less severe egg allergy can be immunised in any setting using an egg-free vaccine or an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for 0.5 ml dose). For details of the influenza vaccines available for the 2025 to 2026 season and their ovalbumin content see All influenza vaccines marketed in the UK for the 2025 to 2026 season, UK Health Security Agency guidance. **Syncope (fainting)** can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.
Action to be taken if the client is excluded	Where appropriate, such individuals should be referred to • The Consultant in Communicable Diseases Control • Their GP • The relevant clinical specialist managing their medical condition In case of postponement due to acute illness, advise when the individual can be vaccinated and how future vaccination may be accessed.
Action to be taken if the client declines treatment	Advise the individual about the protective effects of the vaccine, the risks of infection to themselves, their families and the organisation's service users and potential complications if not immunised. Advise how future immunisation may be accessed if they subsequently decide to receive the inactivated influenza vaccine. Document, in accordance with local policy, advice given and the decision reached.
Arrangements for referral for medical advice	Contact with the Consultant in Communicable Disease Control can be made via the hospital switchboard (4)2000. Contact with the individual's GP can be made by phone or a referral emailed to the surgery. Contact with any specialist physician to be made via their secretary in the first instance who can advise the process.

Description of treatment

Name, strength & formulation of drug	Inactivated influenza vaccine suspension (in a pre-filled syringe) recommended for administration under the written instruction (based on age as detailed below) are: • adjuvanted trivalent influenza vaccine (aIIV) • cell-based trivalent influenza vaccine (IIVc) • egg-grown trivalent influenza vaccine (IIVe) • recombinant trivalent influenza vaccine (IIVr) • high-dose trivalent influenza vaccine (IIV-HD) For details of the influenza vaccines available for the 2025 to 2026 season and their ovalbumin content see All influenza vaccines marketed in the UK for the 2025 to 2026 season, UK Health Security Agency.
Summary of which influenza vaccines to offer by age	Some influenza vaccines are restricted for use in particular age groups. The SPC for individual products should always be referred to. **16-17 year olds NOT in a clinical at-risk group** • Offer IIVc • If IIVc is not available, offer IIVe. **18 years to 64 years (including those in a clinical at-risk group/those who are pregnant)** • Offer IIVc or IIVr **65 years and over** • Offer aIIV or IIV-HD or IIVr. • If aIIV nor IIV-HD nor IIVr are available offer IIVc **Additional notes** (to be deleted by organisations depending on relevance due to vaccine offered): • [aIIV or IIV-HD or IIVr are the first line vaccines recommended for individuals aged 65 and over. • If aIIV or IIV-HD or IIVr vaccines are not available in OHS, the OH provider should advise that the individual can have these from a GP or community pharmacy if they wish. If IIVc is available via OHS this is the acceptable second-line vaccine for this age group and can be offered if the individual does not wish to attend a GP or community pharmacy for vaccination with aIIV or IIV-HD or IIVr. Note: IIVe is not recommended for those 65 years and over. If the OHS provider has only IIVe available, they should recommend that individuals aged 65 years and over go to their GP or community pharmacy for vaccination with one of the JCVI-recommended products.]
Legal category	Prescription only medicine (POM).

Black triangle▼	The following vaccines are designated as black triangle medicines. • adjuvanted trivalent influenza vaccine (aIIV) ▼ • cell-based trivalent influenza vaccine (IIVc)▼ • recombinant trivalent influenza vaccine (IIVr)▼ • high-dose trivalent influenza vaccine (IIV-HD)▼ Being newer vaccines, the Medicines and Healthcare products Regulatory Agency (MHRA) has a specific interest in the reporting of adverse drug reactions for these products. All suspected adverse drug reactions should be reported using the MHRA Yellow Card Scheme.
Off-label use	Where a vaccine is recommended off-label, as part of the consent process, consider informing the individual that the vaccine is being offered in accordance with national guidance but that this is outside the product licence. Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this written instruction, unless permitted off-label administration is detailed within this section. Refer to products' SPCs, available from the electronic medicines compendium website, and All influenza vaccines marketed in the UK for the 2025 to 2026 season, UK Health Security Agency. Specific off-label use permitted within this written instruction: • aIIV and IIV-HD may be offered, off-label, to those turning 50 and 60 years of age respectively by 31 March 2026 Vaccines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to Vaccine Incident UK Health Security Agency Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use this would constitute off-label administration under this protocol.
Route / method of administration /vaccine preparation	IIVc, IIVr, IIVe, aIIV and IIV-HD: **Single 0.5ml dose** • Administer by intramuscular (IM) injection, preferably into deltoid muscle region of the upper arm. • Influenza vaccines licensed for both intramuscular or subcutaneous administration may alternatively be administered by the subcutaneous route. **Note:** IIVc, IIVr and aIIV are not licensed for subcutaneous administration so should only be administered intramuscularly under this written instruction. • Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or treatment is administered. • Individuals on stable anticoagulation therapy, including individuals on warfarin who are up-to-date with their scheduled INR testing and

	whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (23 gauge or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy. The individual should be informed about the risk of haematoma from the injection. • When co-administering with other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably into different limbs. If given into the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records. If aIIV needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs. • Shake vaccine suspensions gently before administration • Visually inspect the vaccine prior to administration for any foreign particulate matter, discolouration or other variation of expected appearance from that described in the vaccine's SPC. Discard the vaccine in accordance with local procedures, should any of these occur. • The SPCs provide further guidance on administration and are available from the electronic medicines compendium website
Dose and frequency of administration	**Single 0.5ml** dose for the current annual flu season (October 2025 to 31 March 2026).
Storage	Store at +2°C to +8°C. Do not freeze. Store in original packaging in order to protect from light. In the event of an inadvertent or unavoidable deviation of these conditions all vaccines that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal. Refer to Vaccine Incident UK Health Security Agency Guidance and consult local pharmacy team (at Health and Community Services) for further advice. The manufacturer of Vaxigrip® (IIVe) advise that the vaccine remains stable for 72 hours up to 25ºC ± 2ºC. This information is a guide for healthcare professions in case of temporary temperature excursions. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see the Green Book Chapter 3).
Disposal	Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to local authority arrangements and NHSE guidance in (HTM 07-01): safe and sustainable management of healthcare waste.

Drug interactions	Immunological response may be diminished in those receiving immunosuppressive treatment, but it is important to still immunise this group. Inactivated influenza vaccine may usually be given at the same time as other vaccines (see Route and method of administration in this table). Where co-administration with another vaccine does occur, individuals should be informed about the likely timing of potential adverse events relating to each vaccine. If the vaccines are not given together, they can be administered at any interval, although separating the vaccines by a day or two will avoid confusion over systemic side effects. A detailed list of drug interactions is available in the SPC for each vaccine, which are available from the electronic medicines compendium website.
Identification & management of adverse reactions	Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within 1 to 2 days without treatment. Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur. A higher incidence of mild post-immunisation reactions has been reported with adjuvanted compared to non-adjuvanted influenza vaccines. The frequency of injection site pain and systemic reactions may be higher in individuals vaccinated concomitantly with inactivated influenza vaccine and pneumococcal polysaccharide vaccine (PPV23) compared to vaccination with influenza vaccine alone and similar to that observed with PPV23 vaccination alone. Influenza vaccine and PPV23 may be administered at the same visit. A detailed list of adverse reactions is available in the SPC for each vaccine, which are available from the electronic medicines compendium website.
Management of and reporting procedure for adverse reactions	Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the MHRA's Yellow Card reporting scheme or search for MHRA Yellow Card in the Google Play or Apple App Store. IIVc, IIVr, IIV-HD and aIIV are black triangle vaccines. Therefore, any suspected adverse reactions should be reported via the Yellow Card Scheme. Any adverse reaction to a vaccine should be documented in the individual's occupational health record and the individual's GP should be informed.

Written information to be given to client	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. Offer promotional material as appropriate: • all about flu and how to stop getting it (simple text version for adults), UKHSA guide For information leaflets in accessible formats and alternative languages, please visit UKHSA's health publications webpage. Where applicable, inform the individual that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the electronic Medicines Compendium.
Client advice / follow up treatment	• Individuals should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season. • Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the influenza vaccination of their household contacts. • Inform the individual of possible side effects and their management. The individual should be advised when to seek medical advice in the event of an adverse reaction and report this via the MHRA Yellow Card reporting scheme • In case of postponement due to acute illness, advise when the individual can be vaccinated and how future vaccination may be accessed. • Individuals in a clinical risk group recommended seasonal influenza vaccine should be encouraged to inform their GP (and midwife if relevant) once they have received influenza vaccine for the current season so their medical records (and maternity records if relevant) can be updated accordingly. Individuals who decline immunisation from their OHS provider and who are immunised elsewhere should be encouraged to inform their employer of their immunisation status as per local policy. • Resources to share with clients are available at UKHSA's annual flu programme collection.

Special considerations / additional information	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. Individuals with learning disabilities may require reasonable adjustments to support vaccination (see Flu vaccinations for people with learning disabilities, UKHSA guidance). A PSD may be required. The licensed ages for the 2025 to 2026 season influenza vaccines are: • IIVe licensed from 6 months of age • IIVc licensed from 6 months of age • IIVr licensed from 18 years of age • aIIV licensed from 50 years of age • IIV-HD licensed from 60 years of age
Records	Record in line with local procedure: • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • administered under written instruction Records should be signed and dated (or password-controlled on e-records). All records should be clear, legible and contemporaneous. As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number

	and site at which each vaccine is given is accurately recorded in the individual's records. It is important that vaccinations given within Occupational Health settings are recorded according to OH principles and ethics and in a timely manner. Local policy should be followed to encourage information sharing with the individual's General Practice where the individual would be eligible for immunisation under the national influenza programme to allow appropriate clinical follow up, improve data capture of vaccination status and to avoid duplicate vaccination. A record of all individuals receiving treatment under this written instruction should also be kept for audit purposes in accordance with local policy.

Key references

Inactivated influenza vaccination

- Immunisation Against Infectious Disease: The Green Book, Chapter 19. Updated 29 May 2025.
- Summary of Product Characteristics (SmPC):
- TIVc SmPC, Seqirus UK, last updated 12 August 2024
- TIVr (Supemtek®) SmPC, Sanofi, last updated 3 April 2025
- TIVe (Vaxigrip®) SmPC, Sanofi, last updated 8 April 2025
- TIVe (Influvac® -influenza vaccine TIV MYL) SmPC, Mylan, last updated 5 December 2024
- TIV-HD (Efluelda®) SmPC, Sanofi, last updated 28 March 2025
- aTIV, Seqirus UK SmPC, last updated 10 January 2025
- UKHSA Collection: Annual Flu Programme
- The national flu immunisation programme 2025 to 2026 letter, UKHSA, published 13 February 2025
- All influenza vaccines marketed in the UK, UKHSA, updated 15 February 2025
- Influenza vaccine written instruction templates for adoption. NHS Specialist Pharmacy Service, published 4 March 2024
- JCVI statement on influenza vaccines for 2025 to 2026, updated 3 December 2024
- Flu vaccinations: supporting people with learning disabilities, UKHSA guidance, updated 25 September 2018.

General

- NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 7 March 2023
- Immunisation Against Infectious Disease: The Green Book, Chapter 2, updated 13 October 2023
- National Minimum Standards and Core Curriculum for Immunisation Training, updated 23 June 2025
- NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions, published 27 March 2017
- NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions, updated 4 January 2018
- UKHSA Immunisation Collection
- Vaccine Incident UKHSA Guidance

Vaccinator authorisation sheet

Example – other recording forms, including electronic, may be used in line with local policies

Details of the approved vaccinator working for Family Nursing & Home Care who have completed the required training and been assessed as competent (as detailed in the relevant section of the Written Instruction and confirmed by line manager/clinical supervisor signing below) who are authorised and willing to administer inactivated influenza vaccine in accordance with this written instruction as part of the named organisation's occupational health scheme, which may include peer to peer immunisation:

Name	Profession and Professional Registration Number	Signature	Date	Clinical Supervisor/Line manager name	Clinical supervisor/line manager signature	Date

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