From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 90 520653
Email: cmooffice@health-ni.gov.uk

Your Ref:
Our Ref: HSS(MD) 30/2026
Date: 23 July 2026

HSS(MD) 30/2026

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums *(for onward distribution to practice staff)*
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
OOH Medical Managers *(for onward distribution to staff)*
RQIA (*for onward circulation to independent sector health and social care providers*)

Dear Colleague

ACTION REQUIRED

THE 2026/2027 SEASONAL INFLUENZA VACCINATION PROGRAMME

ACTION REQUIRED

Public influenza vaccination programme

Chief Executives must ensure this information is drawn to the attention of all staff involved in the seasonal influenza vaccination programme, including:

- school health teams, health visitors, community children nurses, and paediatricians
- physicians managing patients with chronic medical conditions, oncologists, geriatricians
- nurses caring for patients with chronic medical conditions, district nurses, treatment room nurses
- midwives, obstetricians and relevant maternity services staff
- Occupational Health Departments, Trust peer vaccinators

The Strategic Planning and Performance Group (SPPG) must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the seasonal influenza vaccination programme.

The Regulation and Quality Improvement Authority (RQIA) must ensure this information is cascaded to all Independent Sector Providers, particularly Care Home service providers, for onward distribution to all staff involved in the seasonal influenza immunisation programme.

Health and Social Care Workers influenza vaccination programme - including Independent Sector

Chief Executives are responsible for the vaccination of their staff and should ensure all staff, particularly frontline staff, are actively encouraged to receive the influenza vaccine and ensure adequate access to vaccination is provided for staff.

The RQIA should actively encourage all Independent Sector Care Home staff to be vaccinated as part of this year's seasonal influenza programme.

Introduction

1. The Seasonal Influenza Vaccination Programme offers vital protection to those who are most vulnerable and reduces transmission which, in turn, helps to protect our wider health and social care system through the winter months. The success of our programme last year was only possible because of your immense professionalism, commitment, and hard work.

2. Last year saw the influenza (flu) vaccine being administered to 576,120 individuals in Northern Ireland as part of the programme. We would like to extend our sincere thanks to all contributing colleagues for their hard work in planning and delivering this vital vaccination programme.

3. The uptake rate last year for influenza vaccination was highest in care home residents at 79.8%, a slight reduction from 80% achieved in 2024/25. Uptake rates in the 65 years and over cohort remains high at 74%, very close to the World Health Organization's target ambition of 75%, and an increase on the uptake of 73.7% in 2024/25. It has been disappointing however to see a decline in the uptake in all childhood age groups.

4. There was a notable increase in uptake by Trust-employed Health and Social Care workers from 21.4% in 2024/2025 to 30.5% in 2025/2026. Whilst this increase is to be commended, there remains work to be done to increase uptake in this cohort. Further detail is provided in Annex 4: 'Health and Social Care Workers'.

5. The details set out in this letter will support colleagues to develop plans to ensure the effective implementation of the 2026/2027 programme. We ask for your continued commitment and resolve to increase vaccine uptake rates among all eligible cohorts, **particularly prioritising pre-school and school-age children**. We would also urge increased efforts to vaccinate those in at-risk groups, and pregnant women, where uptake was disappointing during last year's influenza programme.

6. In a complex, multi-provider programme such as this it is essential (from both a clinical and service delivery perspective) that information relating to vaccine status is captured and recorded in an up-to-date, accurate and timely manner on all systems and via all information sharing processes. All influenza vaccinations should be recorded on the appropriate information system:

   - **Vaccine Management System (VMS)**

     All adult influenza vaccinations and children's influenza vaccinations not administered as part of the schools-based programme.

   - **NI Child Health System**

     All influenza vaccinations administered as part of the schools-based programme, which is administered by the school health teams.

7. Vaccination using Patient Group Direction (PGD) and/or Vaccine Group Direction (VGD) must **NOT** commence until the required Patient Group Directive or Vaccine Group Directive is in place. Advance scheduling of clinics should take this into account.

Eligibility

8. The cohorts eligible for influenza vaccination and timings for vaccination are based on the advice of the Joint Committee on Vaccinations and Immunisations (JCVI), approved by the Minister. For 2026/27, on the advice of the JCVI, the eligibility criteria have been updated to include cattle and swine workers and rough sleepers and homeless hostel users.

9. The following groups will be eligible for influenza vaccine in 2026/2027:

   From 1 September 2026 (or as soon as vaccine is available and PGD/VGD is in place):

   - pregnant women
   - all preschool children aged two to four years on 1 September 2026

- all school-aged children (up to and including year 12)
- all children in clinical risk groups aged from 6 months to less than 18 years

During October 2026 (date to be confirmed):

- all those aged 65 years and over on 31 March 2027
- all those aged 18 years to under 65 years in clinical risk groups (as defined by the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book')
- all health and social care workers[1]
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- high risk poultry and avian animal health workers[2]
- high-risk cattle and swine workers[3]
- rough sleepers and homeless hostel users

Timing of Programme Delivery

10. The official start of the adult programme for 2026/2027 will again be in October (exact date to be confirmed) with the majority of the vaccinations to be completed by early December. This later start date is based on JCVI advice (JCVI statement on influenza vaccines for 2026 to 2027 - GOV.UK) concerning the waning of flu vaccine effectiveness in adults which means it is preferable to vaccinate individuals closer to the time when the influenza virus is likely to circulate (which typically peaks in December or January), as this will provide optimal protection during the highest risk period.

11. Pregnant women and children are an exception to the above advice. Pregnant women or children are not expected to lose protection as rapidly as the elderly population and therefore starting vaccination earlier (particularly in those women who are in the later stages of pregnancy) than for those in other clinical risk groups, will still offer protection to women themselves in the peak season. Commencing vaccination from early September will also ensure that as many newborn babies as possible are protected during the influenza season and will help to optimise uptake. Trusts will offer influenza and Respiratory Syncytial Virus (RSV) vaccination in maternity clinics and pregnant women can attend any HSC Trust Clinic to be vaccinated.

[1] See Annex 4 for full definition & information
[2] See HSS(MD) 43/2024
[3] See Annex 3 for full definition

12. Following clinical assessment there may be a small number of other adults for whom it would be better not to delay influenza vaccination until October. For example - for those who are due to commence immunosuppressive treatment (such as chemotherapy) before October, receiving an influenza vaccine before starting treatment may enable a better response to their vaccination. In these exceptional circumstances, patients should be offered vaccination, as outlined in Chapter 19 of the Green Book. The patient's specialist within Secondary Care, should identify these individuals and make them aware they are eligible for vaccination and offer vaccination (by referral to the appropriate service as advertised).

13. Protection from the vaccine lasts much longer in children, therefore the priority is to start vaccinating all children (including those in clinical risk groups) from early September, or as soon as vaccine becomes available, both to provide early protection to children and to reduce transmission to the wider population. **As the public health impact of vaccination is greater in younger children**, where possible, school-based immunisation providers are encouraged to schedule vaccination of primary school children early in the season. The majority of eligible children should be vaccinated before peak influenza activity is expected i.e. by the end of November/early December. This advice applies to the GP-based programme for 2–4-year-olds and the schools-based programme for primary and secondary school aged children.

14. Please note that the start date for the 2026 autumn COVID-19 campaign has yet to be confirmed. The timings for the 2026 autumn COVID-19 campaign are expected to align with the seasonal influenza vaccination programme as soon as the COVID-19 PGD/VGD is in place from mid-October onwards to enable co-administration of the two vaccines in eligible patients. However, GPs may wish to start their influenza vaccination programme for those aged under 75 years of age earlier, once sufficient flu vaccine supplies are available.

15. Please note, as per the 2025/2026 campaign, eligibility for the COVID-19 2026/27 programme **will not align** with eligibility for the influenza programme**.** A separate HSS(MD) letter on the COVID-19 2026/27 programme issued on 10th July 2026 and can be found here: HSS (MD) 27/2026 Autumn 2026 COVID 19 Vaccination Campaign

16. Vaccination should be given in sufficient time to ensure individuals are protected before influenza starts circulating. If an eligible patient presents late for vaccination, it is generally appropriate to still offer it. This is particularly important if influenza circulation is late in the season or when patients newly at-risk present during the course of the season, such as pregnant women who may not have been pregnant at the beginning of the vaccination period.

17. The decision to vaccinate should take into account the fact that the immune response to vaccination takes about two weeks to fully develop. Clinicians should apply clinical judgement to assess the needs of an individual patient / individual, taking into account the level of influenza-like illness in the community and the fact that the immune response following vaccination takes about two weeks to develop fully. The PHA will provide advice on extending the influenza vaccination period if / as necessary.

18. Information relating to the various parts of this year's programme are set out in the attached annexes as follows:

- Annex 1 – Influenza vaccines available
- Annex 2 – Funding, ordering, training and consent
- Annex 3 - Clinical risk groups
- Annex 4 – Health and Social Care Workers
- Annex 5 – How to order vaccine
- Annex 6 – Vaccine delivery model

Sessional vaccinators

19. A small pool of Sessional Vaccinators, employed by the Public Health Agency, are available to support GPs and Community Pharmacy with co-administration of the COVID-19 and influenza programmes throughout the Autumn campaign. Further information on this workforce and requests for support can be raised by contacting the PHA at: PHAVaccinesitrep@hscni.net

Influenza vaccines for 2026/2027

20. Every year JCVI reviews the latest evidence (JCVI statement on influenza vaccines for 2026 to 2027 - GOV.UK) on flu vaccines and advises the type of vaccine to be offered to different age groups. Following a review of scientific evidence, JCVI has advised that cell-culture/based inactivated influenza vaccine (IIVc) is now considered as effective as adjuvanted inactivated influenza vaccine (aIIV) in those aged 65 and over, therefore, IIVc vaccine has been procured to provide vaccination coverage in **all adult age-groups aged 18 years and over** (as well as children aged two years and over if contraindicated to the Live Attenuated Inactivated Vaccine, LAIV).

21. The influenza vaccines procured by the PHA for the forthcoming influenza season are in line with the recommendations of the JCVI and are as follows:

Eligible Group	Vaccine
Individuals **aged 65 and over** (and those who will become 65 before 31 March 2027)	IIVc
Individuals aged **18-64 years** with 'at-risk' conditions including pregnant women	IIVc
Carers and close contacts aged **18-64 years**	IIVc
Health and social care workers	IIVc
Children aged **two years up to less than 18 years**, except where medically contraindicated or otherwise unsuitable	LAIV
Children **aged two years and over** if contraindicated to LAIV	IIVc
Children in clinical risk groups aged **6 months to less than 2 years**	IIVc
High-risk cattle and swine workers	IIVc
Rough sleepers and homeless hostel users	IIVc

- None of the influenza vaccines contain thiomersal as an added preservative.

- LAIV is restricted for use in particular age groups. Providers should refer to the advice and information relating to contraindications and precautions sections in Chapter 19 of the Green Book and in the relevant Summary of Product Characteristics for the respective vaccine.

Children's Influenza vaccination programme

22. The delivery schedule for the childhood influenza vaccine, LAIV, for 2026/27 has not yet been confirmed, as this is subject to manufacturing and ongoing regulatory processes. As LAIV has a shorter shelf life than other vaccines it will be delivered in several consignments, in order to ensure that there are in-date supplies available throughout the period the vaccine can be offered.

23. For 2026/2027, the schools-based vaccination programme will again include all young people in academic years 8 to 12 in secondary school. School health teams should actively promote the offer of influenza vaccination to all children (including those in a clinical risk group) attending primary school,

special school and in years 8-12 of secondary school during the current academic year (2026/2027), that is those born between 2 July 2010 and 1 July 2022. All schools should have a first visit by school nursing teams to offer of vaccination by mid-December 2026.

24. School health teams should prioritise special schools for early vaccination.

25. Children in a clinical risk group who attend a mainstream school should receive their vaccine through the normal school health team arrangements. However, if there is significant parental concern about a child in one of the clinical risk groups and where the date for school vaccination is scheduled later in the season (i.e. late November) or if influenza starts to circulate earlier than in previous seasons, GPs (or their paediatrician if they attend the hospital during the early season) are asked to facilitate earlier vaccination if / as requested. Please see Chapter 19, table 19.1 of the Green Book for information relating to relative risk for those in clinical risk groups with respect to influenza infection.

26. **As the public health impact of vaccination is greater in younger children**, we would strongly recommend that increased effort is given to vaccination of pre-school children, with a view to ensuring that falling uptake among this group is addressed and improved in the current year's programme. GPs should prioritise and actively identify and inform parents / guardians regarding the offer of influenza vaccine to all pre-school children aged two years or more on the 1 September 2026 (that is children born between 2 July 2022 and 1 September 2024) as early as possible, once they take delivery of LAIV influenza vaccines.

27. If a child turns 2 years old during the vaccination period (that is, from September to December 2026) and their parents request that they be vaccinated, GPs should vaccinate the child once they are 2 years of age, in line with the vaccine licence. GPs can claim the normal Item of Service (IoS) fee for vaccination of these patients.

28. Should a child miss their offer of a vaccine in school (for whatever reason, including deferment of their Primary 1 place), GPs should offer influenza vaccine to children registered in their practice if / as their parents / guardians request vaccination.

29. GPs should actively identify, inform and vaccinate any young people aged 16 and 17 years of age who are in a clinical risk group and who are born before 2 July 2010 for influenza. This includes young people from 16 years of age with morbid obesity. Children and young people with chronic neurological disease should be prioritised for vaccination.

30. Children in at-risk groups for whom LAIV is unsuitable, and healthy children whose parents may not wish to receive LAIV on the grounds of its porcine gelatine content, should be offered the injectable cell-culture trivalent influenza vaccine (IIVc) if aged 6 months to less than 18 years. As IIVc will not be available from school nursing teams, GPs should facilitate this if requested.

Adults' influenza vaccination programme

31. Influenza causes significant morbidity and mortality in adults with chronic medical conditions. The benefits of influenza vaccination among all eligible groups should be communicated and vaccination made as accessible as possible.

32. GPs should actively identify and inform all patients aged 65 and over (that is anyone who will be 65 years of age or over by 31 March 2027) and any eligible patients under 65 years of the offer of influenza vaccination. Community pharmacies and Trusts will also provide an additional route to vaccination for this cohort (see below). Please note that, as in the 2025/26 vaccination programmes, the COVID-19 vaccine eligibility for autumn 2026 differs from influenza eligibility i.e. only those aged 75 and over, those in care homes for older adults, and those aged under 75 who are immunosuppressed, are eligible for COVID-19 vaccination.

33. All primary and secondary care staff involved in patient care should use the opportunity of each healthcare contact to actively encourage and support their patients to be vaccinated.

34. Trusts, GPs and Community Pharmacies should offer the influenza vaccine to all pregnant women. GPs should actively identify and inform all pregnant women of the offer of influenza vaccination at any stage during pregnancy. All maternity staff, including midwives and obstetricians, should actively encourage pregnant women at every contact to receive the influenza vaccine.

35. GPs should refer housebound patients who require vaccination to the relevant Trust as soon as possible and by 30 September 2026 using the established systems / processes.

Health and Social Care Workers - including Independent Sector

36. From the start of the 2026/2027 influenza vaccination programme, <u>all</u> health and social care workers (HSCWs) will again be eligible for vaccination against influenza. Looking after our healthcare workers is vital – staff should be

encouraged to come forward for influenza vaccination to look after their own health and wellbeing throughout winter. There is an additional benefit in the context of the current pressures facing our workforce. It is essential that we focus on ensuring that staff are given the best available protection against this highly transmissible disease.

37. A high uptake of influenza vaccine among staff will help maintain service capacity during periods of high service demand. It is important to highlight that, despite a notable improvement in the previous year, uptake among staff remained disappointing during the 2025/26 programme. We are very aware of the pressures facing the HSC system and therefore it is essential that we take all the steps we can to help reduce future pressures, some of which could be reduced or avoided, by maximizing uptake of influenza vaccine among staff. **Vaccination will provide direct protection to the staff themselves**. In addition, vaccinated staff will help to reduce the risk of potentially passing Influenza on to their families or their patients.

38. Uptake rates amongst trust-employed HSCWs saw an improvement in the 2025/26 programme, compared to the previous year, and this is to be welcomed. To build on this improvement, during the 2026/27 programme, Trusts will be expected to strive to achieve an indicative target of 50% vaccination uptake in relevant staff, including staff within Independent Sector (such as Home Care and Care Home providers and others as relevant) being provided with a vaccination.

39. During the 2026/2027 influenza programme, participating Community Pharmacies will continue to play an important role by making the vaccine more easily available to all HSCWs across NI - ensuring there are multiple locations and opportunities for staff to be vaccinated, in addition to the clinics/opportunities provided in Trusts.

Community Pharmacies

40. In addition to providing expanded opportunities for HSCWs to be vaccinated, participating Community Pharmacies will also provide an additional route to vaccination for those aged 65 and over, for carers, for those aware of their ‘at risk’ status, and for those who are pregnant.

41. Community Pharmacies have built strong links with the care home sector through their successful delivery of both COVID-19 and influenza programmes for care home residents / staff. They will again offer influenza vaccination to all RQIA-registered care home residents and staff as part of this year’s seasonal influenza programme.

42. Community Pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it based on age, or those eligible as pregnant women, 'at risk' status, or carers, should they present in the pharmacy for any reason.

Vaccine uptake ambitions for 2026/2027

43. PHA has previously reported vaccination uptake achieved during last year's seasonal influenza programme (2025/2026) using data extracted from the Vaccine Management System (VMS): Seasonal influenza vaccination surveillance in Northern Ireland Autumn/Winter 2025/26 | HSC Public Health Agency and HSS(MD)24/2026 also sets out the vaccination uptake achieved during the 2025/2026 programme.

44. While influenza uptake rates rose in a number of groups in 2025/26, the majority of groups saw a decrease in uptake rates from the previous year. This is regrettable, particularly as we are aware of the enormous efforts made by many to ensure uptake rates are maximised. These highlight to us the importance of ensuring that every contact counts. It is essential that all Health and Social Care professionals protect themselves, lead by example, and encourage all those eligible to take up the offer of vaccination.

45. I would urge all staff and healthcare providers to continue their commitment and resolve for the forthcoming vaccination programme during 2026/27, with the goal of increasing uptake rates across all eligible cohorts, particularly among pre-school children.

46. GPs and school-based providers should demonstrate a comprehensive offer this season, by ensuring all eligible patients / individuals (100%) are offered the opportunity to be vaccinated. This comprehensive offer should be supported by an active mechanism to identify and inform patients / individuals, supplemented with opportunistic offers, where pragmatic. The aim of this year's seasonal influenza programme is to demonstrate a 100% offer and to exceed the uptake levels achieved among each cohort during the 2025/2026 programme.

Conclusion

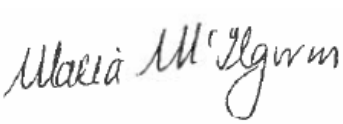
47. We would like to express our sincere appreciation to all staff and healthcare providers who worked hard to plan, deliver and manage our seasonal influenza programme during 2025/2026. HSC experienced significant pressure during the winter of 2025/2026, and it is vital that we do all we can to support the HSC to cope with pressures and unexpected events as we move

towards the coming winter months. Morbidity and mortality attributed to influenza continues to be a key factor in HSC winter pressures, and a major cause of harm to individuals.

48. Our annual seasonal influenza vaccination programme (alongside our COVID-19 and RSV vaccination programmes) is a critical element of the system-wide approach to protecting the health of our population and supporting our health and care services over the winter period.

49. Receiving the influenza vaccination will help to reduce GP consultations, unplanned hospital admissions and pressures on Emergency Departments. Vaccination will help to directly protect our staff from influenza infection and help reduce staff sickness levels.

Yours sincerely



Professor Sir Michael McBride
Chief Medical Officer

Professor Maria McIlgorm
Chief Nursing Officer

Professor Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Kenda Crozier, Head of School of Nursing and Midwifery QUB
Andrea Shepherd, Head of School of Nursing, Ulster University
Heather Finlay, Head of HSC Clinical Education Centre
Stephanie Foster, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University
Professor Gavin Andrews, Head of School, School of Pharmacy, QUB

Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG *(for distribution to all General Dental Practitioners)*
Raymond Curran, Head of Ophthalmic Services, SPPG *(for distribution to Community Optometrists)*
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG
Dr Camille Harron, NIMDTA
Prof Pascal McKeown, QUB
Prof Alan Smyth, QUB
Prof Peter Bazira, Head of Medical School, UU
Dr Kathy Cullen, Director of the Centre for Medical Education at QUB
Michelle Tennyson, Allied Health Professional, DoH
Lead Allied Health Professional HSC Trusts
Head of School, UU
Glynis McMurtry - Professional Head of Pharmacy GP Federations (*for onward distribution to GP Pharmacists)*

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Annex 1

INFLUENZA VACCINES AVAILABLE

Table 1: Influenza vaccines available for 2026/2027 Programme

Marketing Authorisation Holder	Name[4]	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergy?	Suitable for latex allergic
Seqirus UK Ltd, The Point, 29 Market Street, Maidenhead SL6 8AA, UK	**IIVc** Cell-based Trivalent Influenza Vaccine (Surface Antigen, Inactivated) Seqirus suspension for injection in pre-filled syringe.	Inactivated influenza vaccine surface antigen, cell cultured	Intramuscular injection	Adults and children from 6 months	6 months to 2-year-olds in at risk groups (**GP** campaign) Children aged 2 years and over who cannot receive LAIV (**GP** campaign) Anyone aged 18-64 years in at risk group (**GP** campaign)	Yes - egg free	Yes

[4] Taken from the EMC (Electronic Medicines Compendium).

Marketing Authorisation Holder	Name[4]	Vaccine Type	Admin route	Age	Eligible Group	Suitable for egg allergy?	Suitable for latex allergic
					All 16 years and over (**HSCW** campaign) All 65 years and over		
AstraZeneca UK Limited 1 Francis Crick Avenue, Cambridge, CB2 0AA, UK	Fluenz® Fluenz nasal spray suspension Influenza vaccine (live, nasal)	LAIV (live attenuated influenza vaccine) supplied as nasal spray suspension, egg-cultured.	Nasal spray	2 years to less than 18 years of age.	All 2-4 year olds (**GP** campaign) All primary school children plus Years 8-12 children (**schools** campaign) 11-17 year olds in at risk groups (**GP** campaign)	Yes - if no history of severe anaphylaxis that required intensive care (Refer to Green Book Chapter 19 - Influenza)	Yes

Please refer to the Green Book Chapter 6: Contraindications and special considerations for further information.

Annex 2

FUNDING, ORDERING, TRAINING AND CONSENT

Funding and Contractual Arrangements

1. Under the arrangement associated with the GMS contract financial envelope, the SPPG has already been allocated funding for the immunisation with influenza vaccine by GPs of those aged 2 to 4 years old, those aged 65 and over and for those under 65s at risk.

2. Funding will also be provided to **GPs** for:
   - Immunisation of all primary school aged children and Years 8-12 post-primary school children i.e. those born between **02/07/2010** to **01/07/2022**, who present for vaccination if they were unable to be vaccinated by the school health team
   - Immunisation of carers and close contacts
   - Immunisation of pregnant women
   - Identification and inform fee and active call and recall of eligible patients

3. Funding has been provided to PHA for onward transfer **to HSC Trusts** to:

   - support delivery of the influenza programme by treatment room nurses and district nurses for individuals
   - support the schools' influenza programme
   - support the delivery of the HSCW, housebound and pregnancy programme

4. Funding will be provided to **SPPG (Pharmacy)** to cover payments to Community Pharmacies for:

   - Immunisation of adults aged 65 years and over
   - Immunisation of those 'at risk' 18-64 years
   - Immunisation of health and social care workers (HSCWs)
   - Immunisation of carers
   - Immunisation of pregnant women
   - Immunisation of RQIA registered care home staff and residents.

Consent and Capacity

5. Health professionals must ensure that consent is obtained from individuals attending for administration of any vaccine although it is not a legal requirement for this to be in writing. Individuals should be given appropriate information and advice about the influenza vaccine before attending. Individuals coming for vaccination should be given a reasonable opportunity to discuss any concerns before being vaccinated.

6. For further information on consent, please see *Chapter 2 of Immunisation against infectious disease* (the 'Green Book')

7. Health professionals should refer to relevant guidelines and legislation when assessing a person's capacity to consent to vaccination: https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care

8. Some individuals, for example those with learning difficulties, may require reasonable adjustments to support administration of vaccination to ensure equal access to the vaccine for people with disabilities.

9. For information on ordering vaccines please see **Annex 5**.

Storage and the cold chain

10. GP practices, Community Pharmacies and Trusts with responsibility for the delivery of vaccine programmes need to ensure that they have appropriate policies in place to ensure cold chain compliance and that vaccine wastage is minimised. Whilst a degree of wastage is unavoidable either during transportation, storage or at the clinic, with careful planning and care, wastage can be reduced.

11. Vaccinators should carefully plan clinics and only order quantities based on the likely number of people expected to attend. GPs and Community Pharmacies should ensure that they have the fridge capacity to store the vaccines required.

12. Movianto will typically deliver within two working days, for all customers, if the order is placed before 12pm, however, providers should expect that in the early stages of the programme initial orders may take up to five working days to be delivered.

13. Analyses of vaccine use each year shows that in a number of instances vaccine is lost because of cold chain failures. We need to ensure vaccine wastage is minimal. All significant cold chain breach incidents, such as vaccines stored outside of the recommended temperature ranges, should be reported to the local Health and Social Care Trust Pharmacy Medicines Information Team and the PHA Health Protection Duty Room (0300 555 0119) in the first instance**. Do not dispose of any vaccine until advice has been sought.**

14. To prevent a recurrence, it is important that practices, Trusts, and Pharmacies ensure they have in place comprehensive up to date cold chain policies that will minimise the risk. To avoid unnecessary disposal of viable vaccines practices, Trusts and Pharmacies should also be prepared, where possible, to utilise stock which has undergone a temperature excursion while stored on their premises where the vaccines have been assessed as safe and effective by the manufacturer under an off-label re-categorisation.

15. The joint SPPG/PHA guidance *Vaccine Handling and Storage Guidance for GP Practices* should be consulted for more information on vaccine storage and how to manage a cold chain failure.

16. A specific cold chain guidance document to support Community Pharmacy is available via the BSO website.

17. Given the procedures in place and the frequency of deliveries available, the Department expects all Practices, Pharmacies and Trusts to have robust arrangements in place to ensure that wastage is low. Excessive waste of vaccines is totally unacceptable, and Practices will be required to account for such situations which are under the close scrutiny of the Department.

Publicity and Public Information Materials

18. The PHA is responsible for delivery of the influenza vaccination programme communication plan which is delivered in line with wider HSC communications for winter. From September 2026 publicity messages will be launched for children, adults, unpaid carers, and health and social care workers to encourage those eligible to take up the offer of the vaccine.

19. As before, PHA will also produce public information leaflets which will be distributed by the PHA to all GPs, Community Pharmacies and Trusts before the season starts, in late August/early September, in line with normal arrangements. Leaflets can also be accessed at the PHA website at: pha.site/seasonal-influenza

20. As in previous years, funding is provided to GP practices to enable them to actively inform their patients that they are eligible for an influenza vaccination (e.g. by letter, email, phone call, text) to ensure as high an uptake rate as possible. The benefits of influenza vaccination among all eligible groups should be communicated and vaccination made as easily accessible as possible.

Training for Health Professionals

21. The PHA will produce the following professional information to support the delivery of the programme, which will be available on the PHA website pha.site/seasonal-influenza:
    a. Seasonal influenza vaccination programme training slides
    b. Influenza factsheet
    c. E-learning for health care
    d. Influenza weekly surveillance bulletins

22. The Green Book chapter on influenza is available online, see attached link: Green Book. It should be noted that the chapter is updated on an ongoing basis and therefore all medical and clinical staff should ensure they refer to the latest version of the chapter as required.

Vaccine Equity

21. The influenza vaccination programme should aim to maximise uptake across all groups, with a particular focus on ensuring vaccination equity.

22. Regional vaccine uptake monitoring should include uptake according to socioeconomic status, geographical residence and any other factors that contribute to vaccine inequity.

23. Providers delivering the vaccine programme should have access to uptake monitoring, either through arrangements with PHA or through their own monitoring arrangements, so that they can direct programme delivery to ensure maximum uptake.

Annex 3

ELIGIBLE GROUPS 2026/2027

Influenza vaccine should be offered to the eligible groups in the table below:

Eligible groups	Further detail
All children aged two years of age and over, not yet at primary school	All those aged two years and over, not yet at primary school on 1 September 2026. (**i.e. DOB 2 July 2022** to **1 September 2024**) should be invited for vaccination by their general practice.
All children attending primary school	All children attending P1 to P7 in primary school (**DOB. 2 July 2015 to 1 July 2022**) will be offered the vaccine in school. Any who are not vaccinated in school should be vaccinated *on request* by their practice.
Year 8 to year 12 in secondary schools	All Year 8 – Year 12 in secondary schools (**DOB. 2 July 2010 to 1 July 2015**) will be offered the vaccine in school. Any who do not receive it in school should be given it *on request* by their practice.
Health and Social Care Workers	All health and social care staff. Includes all staff who are employed directly by HSC organisations and those employed as, and by, independent contractors such as general practitioners (GPs), dentists, pharmacists and ophthalmic practitioners. This includes non clinical ancillary staff who may have social contact with patients but are not directly involved in patient care.
All patients aged 65 years and over	'Sixty-five and over' is defined as those 65 and over on 31 March 2027 (i.e. born on or before 31 March 1962).
Residents of long-stay residential care homes or other long-stay facilities	People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, university halls of residence, or boarding schools (except where children are of primary school age or secondary school years 8 to 12)

CLINICAL RISK GROUPS[5]	
Chronic respiratory disease aged 6 months or older **(See contraindications and precautions section on live attenuated influenza vaccine)**	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease and vascular disease aged 6 months or older	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged 6 months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged 6 months or older	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological or neuromuscular disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, severe or profound and multiple learning disabilities (PMLD), Down's syndrome, multiple sclerosis, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes and adrenal insufficiency aged 6 months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, people living with HIV (at all stages), multiple myeloma or genetic disorders affecting the immune system (for example

[5] See table 19.4 of the Influenza Chapter of the Green Book

	IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF- alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments.Some immunocompromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Morbid obesity (class III obesity)[6]	Adults over 16 years of age with a Body mass Index ≥ 40kg/m²
Other risk groups	
Pregnant women (see contraindications and precautions section on live attenuated influenza vaccine)	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Household contacts of immunocompromised individuals	Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.
Carers	Those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. Vaccination should be given on an individual basis at the vaccinator's discretion.

[6] Many of this patient group will already be eligible due to complications of obesity that place them in another risk category. Please note that this group refers to adults over 16 years of age. Those 16 - less than 18 years of age should therefore be offered the LAIV vaccine, unless contraindicated.

High risk poultry/avian animal health/cattle and swine workers	Workers employed at, or regularly visiting, statutorily-registered poultry / swine / cattle units and poultry / swine / cattle processing units, if they have direct exposure to bird / swine / cattle faeces / litter such as through initial egg sorting or cleaning of premises. Includes people involved in collection of wild bird carcasses where avian influenza is suspected.
Rough sleepers & homeless hostel users	It is likely that a significant proportion of these people will have underlying chronic medical conditions, sometimes undiagnosed, and are at high risk of flu related complications.

Healthcare practitioners should refer to the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book') for further detail about clinical risk groups advised to receive influenza immunisation and for full details on advice concerning contraindications and precautions for the influenza vaccine.

Vaccination of patients outside the clinical risk groups

The list of clinical at-risk groups, as set out in Annex 3, is not exhaustive. Where a person not in a clinical risk group requests/requires an influenza vaccination, the decision to immunise is based on the GP's clinical judgement. Vaccination should also be offered to individuals where a medical practitioner recommends influenza vaccine based on clinical judgement of the risk of flu exacerbating an underlying disease and the risk of serious illness from influenza itself.

In such cases, influenza vaccine should be offered from the centrally procured stock even if the individual is not in one of the clinical risk groups specified in this circular.

For any other patients who wish to avail of the influenza vaccine they should be advised that these are available (privately) at many Community Pharmacies.

Annex 4

HEALTH AND SOCIAL CARE WORKERS

Contractual Arrangements for all employers

1. During the 2026/2027 programme, all health and social care workers will be eligible for influenza vaccination. This includes all staff who are employed directly by HSC organisations and those employed as, and by, independent contractors such as general practitioners (GPs), dentists, pharmacists and ophthalmic practitioners. This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care.

2. We are very aware of the pressures facing the HSC system and therefore it is essential that we take all the steps we can to help reduce future pressures, some of which could be reduced or avoided, by maximizing uptake of influenza vaccine among staff. **Vaccination will provide direct protection to the staff themselves**. In addition, vaccinated staff will help to reduce the risk of potentially passing influenza on to their families or their patients.

3. Trusts are expected to strive to achieve as high an uptake rate as possible and to ensure the vaccine is easily assessable at as many Trust locations as possible. To help achieve this, Trusts should engage with those parts of the workforce with historically lower uptake of vaccination, to invite open and focused conversations to help understand staff concerns and what the barriers are to getting vaccinated. These discussions should serve as a vehicle to encourage a higher uptake rate based purely on the evidence which highlights the benefits to the individual and to the service we provide to those who need our care.

4. The following uptake rates were achieved by each Trust during the 2025/2026 programme. We expect all Trusts to build on their improvements and strive to achieve an indicative target of 50% vaccination uptake in relevant staff, including staff within Independent Sector (such as Home Care and Care Home providers and others as relevant) being provided with a vaccination:

Number of Trust-employed HSCWs vaccinated and vaccine uptake by Trust

HSC employer	Number vaccinated	Population	Vaccine uptake 2025/26	Target 2026/27
BHSCT	7,066	22,007	32.1%	**50%**
NHSCT	3,468	12,126	28.6%	**50%**
NIAS	379	1,543	24.6%	**50%**
SEHSCT	4,401	11,273	39.0%	**50%**
SHSCT	2,856	12,326	23.2%	**50%**
WHSCT	3,517	11,775	29.9%	**50%**

5. Influenza immunisation should be offered by HSC organisations to all employees. **An active vaccination offer should be made to 100% of staff.**

6. Health and social care staff should not routinely be referred to their GP for their vaccination unless they fall within one of the recommended clinical risk groups, or a local agreement is in place for this service.

7. In addition to Trust occupational health services, health and social care workers can also access vaccination through community pharmacy services.

8. GPs and community pharmacies can vaccinate their own staff using the stock supplied as part of the national flu vaccination programme.

Trust HSCW Campaigns

9. The responsibility for achieving high uptake in HSCWs lies with HSC Trusts. Trusts should ensure that health and social care staff are actively encouraged to be immunised and are fully aware of where and when they can access the vaccine.

10. Trusts should ensure that:
    - there is an identified Influenza Lead to coordinate the Trust HSCW campaign;
    - Influenza teams have a broad range of staff from all parts of the Trust, think clinical to communications;
    - Influenza teams have adequate time and resources to fully engage and encourage staff to receive the influenza vaccine;
    - Peer vaccinators are encouraged and trained across directorates in the Trusts, particularly in more remote community locations; and
    - Influenza vaccination staff clinics are widely accessible and clearly advertised

11. Trusts have a responsibility to ensure that their influenza teams fully engage with the regional campaign to ensure sharing of good practice.

12. As in previous years, regional communication resources will be available, including a regional PHA video, on the PHA website at the following link: pha.site/seasonal-influenza

Training Materials

13. The PHA has produced the following professional information to support the delivery of the programme, which will be available, in due course, on the PHA website pha.site/seasonal-influenza:
    - Seasonal influenza vaccination programme training slides;
    - Influenza immunisation programme 2025/26 factsheet for health professionals;
    - E-learning for Healthcare;
    - HSCW seasonal influenza vaccine campaign - Trust guidance on data collection
    - Peer Vaccinator Training recommendations; and
    - Influenza weekly surveillance bulletins

Monitoring Vaccine Uptake

14. The Vaccine Management System (VMS) **must be used** for recording influenza vaccine across trusts, primary care and community pharmacy.

15. It is the responsibility of all providers to ensure that data is entered on VMS in a timely manner. In a complex, multi-provider programme it is clinically important that vaccine status is visible to all providers.

16. The Child Health System should be used for recording influenza vaccinations administered as part of the school's programme (administered by school health teams).

Non-Trust HSCW influenza vaccine programmes

Private Nursing and Residential Care Home Staff

17. RQIA should ensure that all employers of Independent Sector Care Home are aware that they have an obligation to ensure their staff working as HSCWs can access the influenza vaccine via Trust clinics or participating Community Pharmacies in order to protect themselves, their families and their patients / clients.

18. Staff in independent care homes can receive a free influenza vaccination as part of the Community Pharmacy care home vaccination programme.

19. As in previous years, RQIA will raise awareness of the PHA regional communication and training resources that are available for the public and Trust HSCW programmes. Information specific to the care home settings is also available. All PHA influenza resources are available on the PHA website at the following link: pha.site/seasonal-influenza

Community Pharmacists and staff involved in supplying medication

20. Community Pharmacists and those staff involved in supplying medicines will be able to receive the vaccine from participating Community Pharmacies offering influenza vaccination services.

General Practice Staff

21. GP staff, directly employed by or associated with the practice (including GP Federation Pharmacists, MDT staff and locum GPs), will be able to receive the vaccine from their employing/host practice.

Annex 5

HOW TO ORDER VACCINE

1. Quotas on orders will be applied across the board this year from the outset of the campaign for IIVc, and LAIV vaccines. Quotas have been based on previous orders and vaccine uptake using VMS data.

2. The Movianto web-based ordering system is available to all GP Practices and Community Pharmacies and will facilitate simple and accurate ordering of all centrally procured seasonal influenza vaccines for the forthcoming 2026/2027 immunisation campaign. As well as being the most efficient way to order vaccines, the system will increasingly be used to provide information and reports on vaccine ordering.

   Only GP Practice or Community Pharmacy orders received via the web-based Movianto N.I. vaccine ordering system will be processed and delivered.

   Please do not attempt to place orders for seasonal influenza vaccines or COVID-19 vaccines in any other way.

   Trust Hospital Pharmacies should continue to place orders via their pharmacy computer systems.

3. GPs, Community Pharmacies and Hospital Pharmacies must only order sufficient vaccines to meet their needs and only the quantity that they have sufficient refrigerated capacity to store (Note - Storage Conditions: 2 to 8°C refrigerated storage / Protect from light / Do not freeze). It is essential that orders are realistic in order to conserve and tailor supplies to the expected need.

4. Orders can typically be fulfilled within 2 working days provided the order has been placed before the cut-off time of 12pm, however, providers should expect that in the early stages of the programme initial orders may take up to five working days to be delivered. Please do not book patients and arrange clinics until vaccine stock and delivery is confirmed.

   Practices and Pharmacies are reminded that it is important that **orders are made in line with anticipated need and that wastage is kept to an absolute minimum**.

5. Update-to-date communications about influenza vaccine deliveries and stock will be placed on the web-based Movianto system, so please check the website regularly.

How to Order

6. Orders for seasonal influenza vaccines must be placed only with Movianto N. Ireland.

   Movianto N. Ireland
   Sandyknowes Business Park
   605 Antrim Road
   Belfast, BT36 4RY
   Tel: 028 9079 5799

   Opening hours: 8.30am to 5.00pm (Monday to Friday)

7. The Movianto N.I. vaccine ordering system is a secure website. This protects the data held on it from unauthorised access.

   As part of re-registration, all GP practices must confirm or update their details on the current system prior to being permitted to order vaccines for the 2026/2027 campaign. GP practices must complete this before ordering. To do this they should login in the usual manner, on the link below, and follow the online instructions. Movianto will be in touch to request this prior to the programme.

   GP practices and community pharmacies will be able to order flu vaccine prior to the official start of the programme, when vaccine becomes available and if they have re-registered. The PHA will communicate initial ordering dates in their operational letter.

   For details about how to register please go to:
   https://orders.ni.movianto.com/csp/age/Portal.GUI.Login.cls

   Further details on ordering arrangements for community pharmacies will be communicated by the Strategic Planning and Performance Group (SPPG).

8. The Movianto N.I. web-based system has been designed to be user-friendly and user manuals via the website will be made available to all GP Practices and Community Pharmacies. Help is also available through a dedicated email address info.ni@movianto.com or by calling 028 9079 5799.

9. All GP practices and community pharmacies must ensure that all stocks of last year's supplies of influenza vaccine 2025/2026 are removed and destroyed (according to local disposal policy) prior to placing your initial order as they are

now all date expired and it is essential they are not mixed with this year's vaccine supply.

Initial Orders

10. Influenza vaccination ordering dates will be confirmed by the PHA in an operational letter to providers.

Annex 6

Vaccine Delivery Model

Cohort	Vaccine	Administered by	Supplier of vaccine (post-delivery from Movianto)
Residential care home staff	IIVc	Community Pharmacy or Trust	Community Pharmacy
Residential care home residents	IIVc	Community Pharmacy	Community Pharmacy
Nursing home staff	IIVc	Peer vaccinators / Community Pharmacists	Community Pharmacy
Nursing home residents	IIVc	Community Pharmacy	Community Pharmacy
6 months-2 years in an at risk group	IIVc	GP	GP
Children aged 2-4	LAIV (unless contraindicated)	GP	GP
Primary and secondary school children (up to year 12)	LAIV (Unless contraindicated)	School nursing teams (Trust) for LAIV/ GP for IIVc/ GP for LAIV at parental request **only as detailed paras. 25 & 27 of HSS(MD)letter**	Trust for LAIV IIVc via pupil's GP
16-64 in a clinical risk group	16-17 years – LAIV (unless contraindicated then IIVc)	GP	GP
	18-64 years - IIVc	GP/ Community Pharmacy/ Trusts	GP/ Community Pharmacy/ Trusts
Housebound people	IIVc	Trusts	Trusts
Pregnant women	IIVc	GP/Trusts/Community Pharmacy	GP/Trusts/ Community Pharmacy
Carers	IIVc	GP/Community Pharmacy	GP/Community Pharmacy

Close contacts of immunocompromised individuals	IIVc	GP	GP
HSCWs (to include residential care home and nursing home staff as above)	IIVc	Trusts/ Community Pharmacy/ GP (practice staff only)	Trusts/ Community Pharmacy /GP
65s and over (and those who will become 65 before 31 March 2027)	IIVc	GP/ Community Pharmacy/Trusts	GP/ Community Pharmacy /Trusts
High risk poultry/avian health/cattle/swine workers	IIVc	GP/ Community Pharmacy/Trusts	GP/ Community Pharmacy /Trusts
Rough sleepers and homeless hostel users	IIVc	GP/ Community Pharmacy/Trusts	GP/ Community Pharmacy /Trusts