

Groups eligible for national influenza immunisation from Practice as a registered Patient

| Eligible groups | Further details |
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| All patients aged 65 years and over | Those aged 65 years and over on 31 March 2024. |
| Chronic respiratory disease aged 6 months and over | 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 aged six months and over | Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism. |
| Chronic kidney disease aged six months and over | Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation. |
| Chronic liver disease aged 6 months and over | Cirrhosis, biliary atresia, chronic hepatitis. |
| Chronic neurological disease aged six months and over | 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 to all patients with a learning disability given their increased morbidity and |

¹³ [National flu immunisation programme 2023 to 2024 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-flu-immunisation-programme-2023-to-2024-letter)

¹⁴ <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

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| | <p>mortality due to preventable pneumonia¹⁵. Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, severe or profound disabilities (PMLD), Downs 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.</p> |
| <p>Diabetes aged 6 months and over</p> | <p>Type 1 diabetes, Type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes. Addison’s disease, secondary or tertiary adrenal insufficiency requirement steroid replacement.</p> |
| <p>Immunosuppression aged 6 months and over</p> | <p>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 infection (at all stages), multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency, SCID).</p> <p>Individuals who are receiving immunosuppressive or immunomodulating biological therapy including but not limited to, anti-TNF-alemtuzumab ofatumumab, rituximab, patients receiving protein inhibitors or PARP inhibitors, individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil.</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose</p> |

¹⁵ Practices are advised of the importance to ensure Patients with a learning disability are vaccinated. Patients with a learning disability are included in the eligibility for payment under this ES. UKSA understand the difficulty with vaccinating this group with injectable vaccines. UKSA advises that LAIV is not licensed for adults because there is some evidence of poorer efficacy in this age group when compared with the inactivated influenza vaccines so practices should offer inactivated vaccine if possible. However, as it has been found that LAIV may be easier to use and less distressing for some patients with a learning disability, in exceptional circumstances, GP’s can use their clinical discretion to offer LAIV ‘off-label’ (from their centrally supplied vaccine stock) to vaccinate - patients with a needle phobia. This is not limited to those with a learning disability and may include those in a clinical risk group with a serious needle phobia who may otherwise go unimmunised if they refuse to have an injected inactivated vaccine.

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| | <p>equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day.</p> <p>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.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immune-compromised patients may have a suboptimal immunological response to the vaccine.</p> |
| Asplenia or dysfunction of the spleen aged six months and over | This also includes conditions such as homozygous sickle cell disease, hereditary spherocytosis, thalassemia major and coeliac syndrome that may lead to splenic dysfunction. |
| Pregnant women | Pregnant women at any stage of pregnancy (first, second or third trimesters). |
| Morbidly obese (class III obesity) ¹⁶ | Adults with a BMI ≥ 40 kg/m ² (adults aged 16+). |
| Carers | Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. |
| Close/Household contacts of immunocompromised individuals aged 6 months and over | Vaccines should be offered to close/household contacts of immunocompromised individuals, who share or expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. |

¹⁶ Many of this patient group will already be eligible for vaccination due to complications of obesity that place them in another risk category.

| Eligible groups | Further details |
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| Frontline workers without employer led occupational health schemes | In order to protect patients in a vulnerable care setting health and social care staff employed by a registered domiciliary care provider who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza should be vaccinated by the Practice where they are registered as a patient. |
| Frontline workers without employer led occupational health schemes | Frontline workers employed through Direct Payments and/or Personal Health Budgets (such as personal assistants) to deliver domiciliary care to patients and service users. |

Table 2: Groups eligible for national influenza immunisation from any Practice either as a registered or unregistered Patient

| Eligible groups | Further details |
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| Locum GPs | Where locum GPs wish to be vaccinated, they should be vaccinated by any practice either as a registered or unregistered patient. |
| People in long-stay residential or homes | Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities or nursing homes where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence. |
| Frontline workers without employer led occupational health schemes | In order to protect patients in a vulnerable care setting the following groups should be vaccinated by any practice either as a registered or unregistered patient: <ul style="list-style-type: none"> • frontline staff employed by a registered residential care/nursing home who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza; and • frontline staff employed by a voluntary managed |

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| | hospice provider who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza. |

UKSHA states that this list is not exhaustive, and the clinicians should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above¹⁷.

¹⁷ Only those Patients eligible for vaccination as defined in this ES specification will be paid for under this ES.