UK Health Security Agency

This webinar will be recorded. Recording will begin at the start of the webinar and end before the question and answer section. No delegate information will be visible on the recording.

Primary Care Immunisation Update Webinar Series

Sep 2023: Influenza and COVID-19 Immunisation Programmes

Presenter: Pauline MacDonald

Welcome to the webinar. This webinar will commence at the scheduled time.

Before then please take a moment to read through the tips below

- All delegate's lines are muted throughout the presentation
- If you would like to ask a question please use the chat function
- There will be an opportunity for questions at the end – you can unmute to ask your question
- This webinar will be recorded and made available on the national immunisation webpages.(https://www.gov.uk/government/publications/immunisation-update-webinars-for-primary-care-immunisers)
- Recording will begin at the start of the webinar and end before the question and answer section. No delegate information will be visible on the recording.
- If you are having any technical problems please send a message to the host via the message function or email ImmsTraining@ukhsa.gov.uk

Webinar Essentials

Today's webinar

- Trainer is Pauline MacDonald
- 45 minutes Pauline talking with slides
- 15 minutes for questions and answers from delegates

Access to slides

- Copy of slides will be emailed to delegates (following submission of evaluation)
- Underlined text on the slides are hyperlinks – click to go straight to the link

Following the webinar

- You will be emailed a link to an electronic evaluation (Select Survey)
- Your feedback is essential to support the development of the webinar series
- A certificate will be emailed once the evaluation is completed

UK Health Security Agency

Primary Care Immunisation Update Webinar Series

Sep 2023: Influenza and COVID-19 Immunisation Programmes

Presenter: Pauline MacDonald

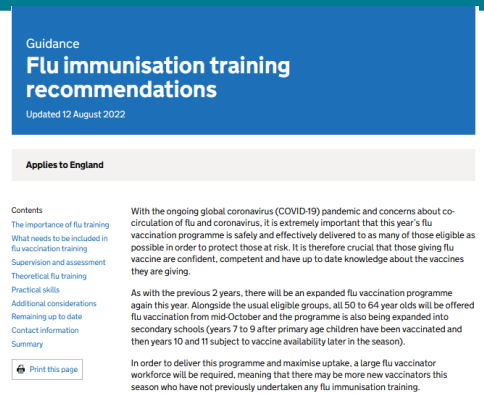
Learning outcomes

- Describe key changes to the influenza vaccination programme 2023/24
- Describe the currently announced arrangements for COVID-19 Autumn Booster programme
- Utilise UKHSA and NHS England resources to support the delivery of safe, effective and quality vaccination programmes
- Reflect on areas for further development within your own clinical workplace

This session is an update for currently practising trained and competent immunisers

Foundation immunisation training must be completed by all new immunisers (see slide next slide)

Immunisation training publications


Guidance

Flu immunisation training recommendations

Updated 12 August 2022

Applies to England

Contents

The importance of flu training
What needs to be included in flu vaccination training
Supervision and assessment
Theoretical flu training
Practical skills
Additional considerations
Remaining up to date
Contact information
Summary

Print this page

With the ongoing global coronavirus (COVID-19) pandemic and concerns about co-circulation of flu and coronavirus, it is extremely important that this year's flu vaccination programme is safely and effectively delivered to as many of those eligible as possible in order to protect those at risk. It is therefore crucial that those giving flu vaccine are confident, competent and have up to date knowledge about the vaccines they are giving.

As with the previous 2 years, there will be an expanded flu vaccination programme again this year. Alongside the usual eligible groups, all 50 to 64 year olds will be offered flu vaccination from mid-October and the programme is also being expanded into secondary schools (years 7 to 9 after primary age children have been vaccinated and then years 10 and 11 subject to vaccine availability later in the season).

In order to deliver this programme and maximise uptake, a large flu vaccinator workforce will be required, meaning that there may be more new vaccinators this season who have not previously undertaken any flu immunisation training.

The UK Health Security Agency (UKHSA) has therefore examined the National Minimum Standards for Immunisation Training and consulted with experienced trainers.

This document sets out recommendations for flu immunisation training for the 2022 to 2023 flu season. It describes what flu vaccinators need to know and various ways in which they can obtain training.

[UKHSA Flu immunisation training recommendations]


Public Health England

Royal College of Nursing

National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners

Revised February 2018

[Registered Healthcare Practitioners]

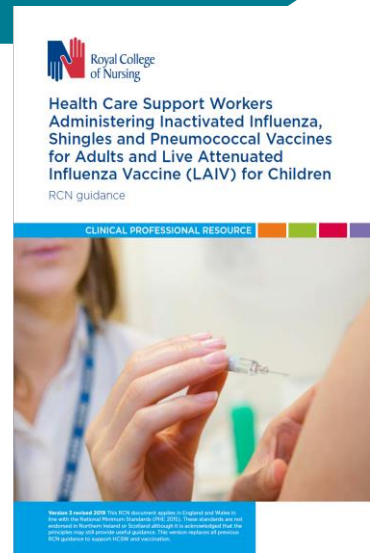

Public Health England

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Protecting and improving the nation's health

National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers

[HealthCare Support Workers]

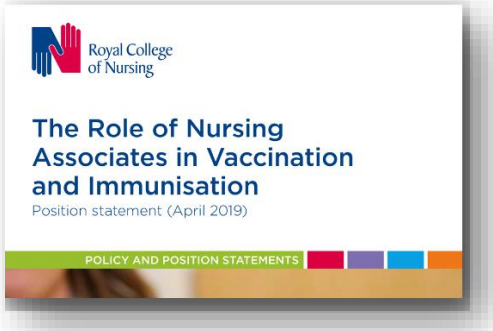

Royal College of Nursing

Health Care Support Workers Administering Inactivated Influenza, Shingles and Pneumococcal Vaccines for Adults and Live Attenuated Influenza Vaccine (LAIV) for Children

RCN guidance

CLINICAL PROFESSIONAL RESOURCE

[RCN HCSWs guidance]

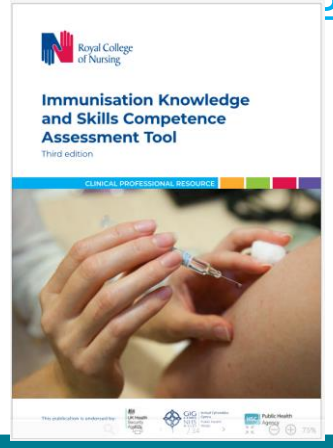

Royal College of Nursing

The Role of Nursing Associates in Vaccination and Immunisation

Position statement (April 2019)

POLICY AND POSITION STATEMENTS

[Nursing Associates]


Royal College of Nursing

Immunisation Knowledge and Skills Competence Assessment Tool

Third edition

CLINICAL PROFESSIONAL RESOURCE

[Immunisation Knowledge and Skills Competence Assessment Tool (22 Feb 22)]

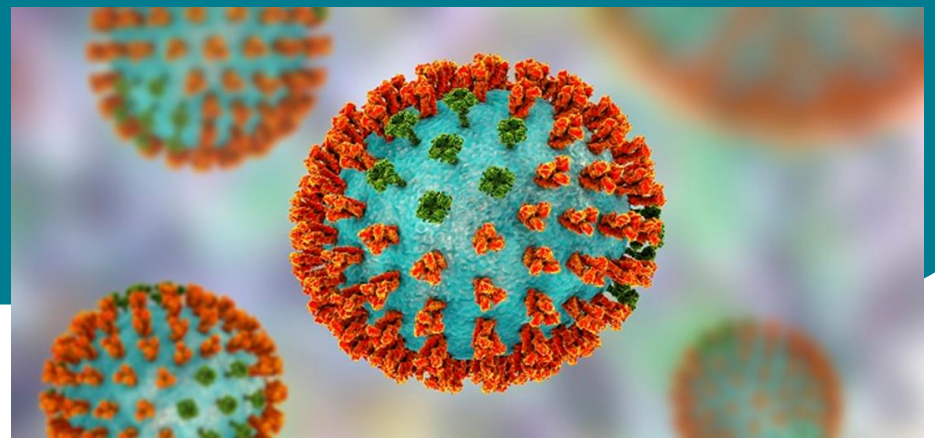
Session Content – as at 18th Sep 2023

- Flu vaccination programme 2023/24
  - Revision and highlighting changes to this year's programme (compared to 2022/23)

- COVID-19 vaccination programme
  - Autumn booster programme signposting to resources
  - COVID-19 training requirements

- Q&A, comments and contributions throughout (in chat box please)

Influenza the virus

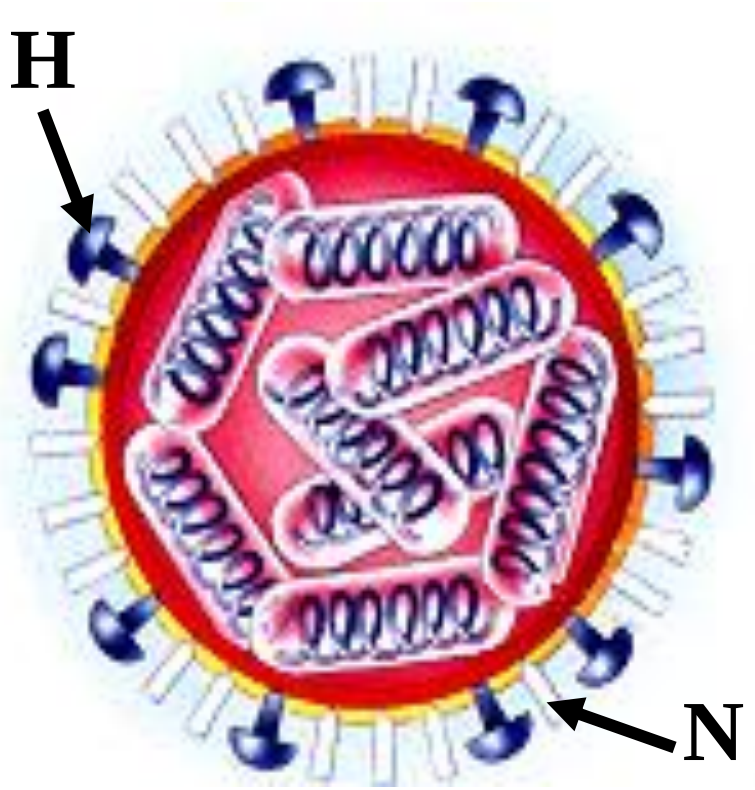


- Single-stranded, helically shaped RNA virus of the orthomyxovirus family.
- Frequent errors in RNA replication = multiple strains
- Four antigen types:
  - A, B, (C and D)
- Flu A – multiple strains (<1 million) - humans, birds and animals
- Flu B – humans and seals, two lineages (Victoria and Yamagata)
  - All UK flu vaccine are quadrivalent vaccines – 2 x A and 2 x B strains

Influenza the virus

Influenza

- Subtypes determined by surface antigens Haemagglutinin & Neuraminidase
- 18 H subtypes & 11 N subtypes
  - Higher numbers in birds and animals (H5N8 and H5N1 – birds)
- Humans only transmit:
  - 3 H subtypes (H1, H2 & H3) - virus attachment to cells.
  - 2 x N subtypes (N1 & N2) - virus penetration into cells.
- How we name the A viruses – H1N1 and H3N2

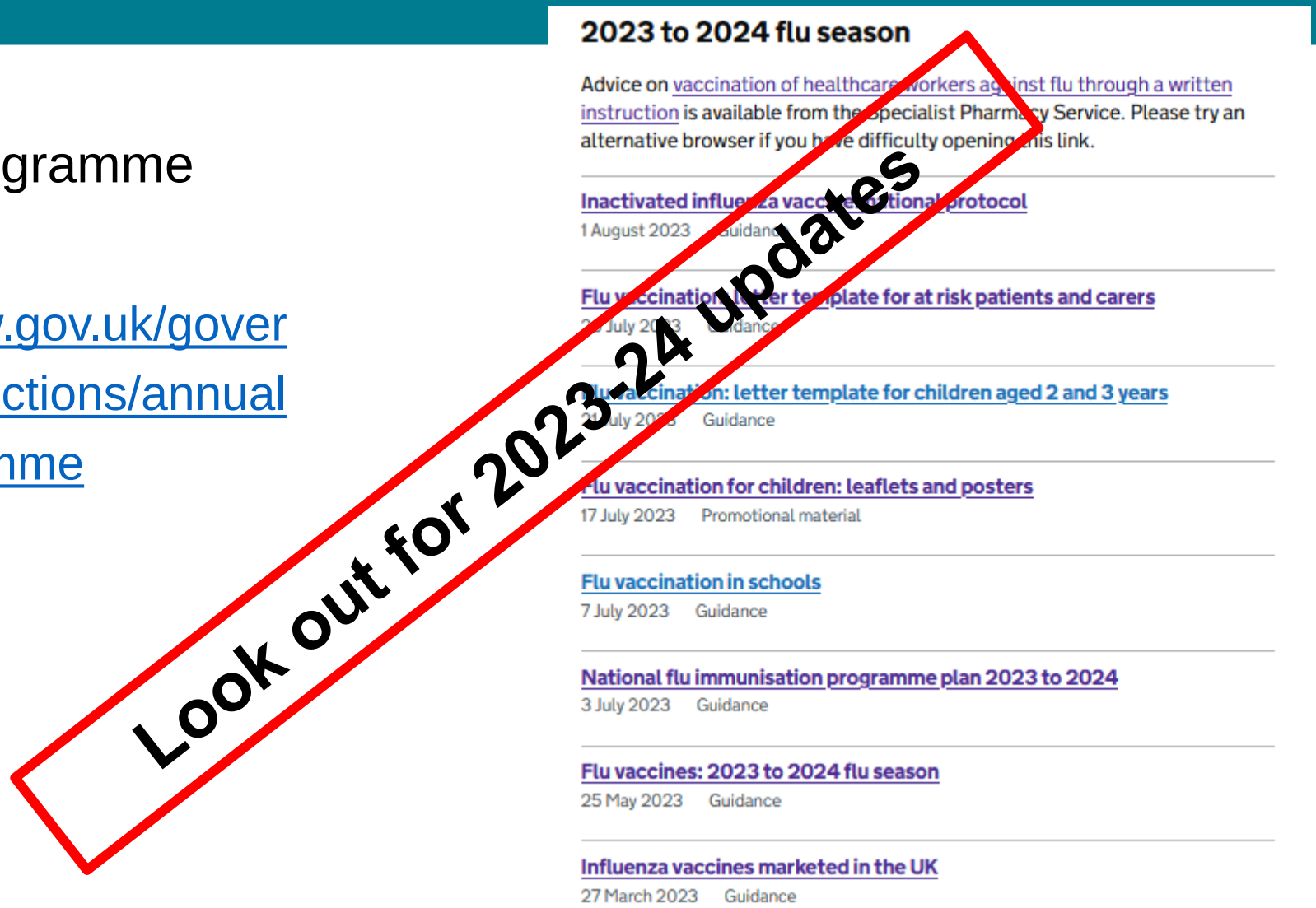


Influenza - Features

- Transmitted by:
  - Airborne droplets and aerosols
  - Articles such as handkerchiefs contaminated by nasopharyngeal secretions.
- Incubation 1-5 days
- Virus shed before symptoms and by asymptomatic people
- Virus shed once infected/symptomatic for 5-10 days (more in children)
- Symptoms: Fever, headache, myalgia, fatigue, cough, sore throat, stuffy nose, D&V
- Complications: Otitis media, sinusitis, bronchitis, pneumonia, meningitis, sepsis and death

Annual Flu Programme

- Annual flu programme gov.uk
  - https://www.gov.uk/government/collections/annual-flu-programme



Programme delivery

- NHS England Letter dated 10th Aug 23 – "Autumn/Winter 2023-24 flu and COVID-19 seasonal campaign"
  - https://www.england.nhs.uk/publication/autumn-winter-23-24-flu-and-covid-19-seasonal-campaign/
  - "Flu and COVID-19 vaccines for adults commence in October"
- DHSC and UKHSA Press Release – 30 Aug 2023 – "Flu and COVID autumn vaccine programmes brought forward"
  - https://www.gov.uk/government/news/flu-and-covid-autumn-vaccine-programmes-brought-forward
  - Vaccinations are now set to start on 11 September 2023 in England with adult care home residents and those most at risk to receive vaccines first
  - " precautionary measure" – due to variant BA.2.86
  - 90% of current COVID cases is due to XBB variant
- NHS England letter dated 30th August 2023
  - https://www.england.nhs.uk/long-read/nhs-vaccination-response-to-urgent-ba2-86-risk-and-changes-to-autumn-winter-2023-24-vaccination-delivery-programme/
  - New timings and Financial support payment

Eligible Groups

- **All over 65 year olds**
- Over 6mths of age with:
  - Chronic Resp
  - Chronic Heart Disease
  - Chronic kidney (stage 3, 4 & 5),
  - Chronic liver, neurological conditions, learning disability
  - Diabetes.
  - Immunosuppressed, asplenia, splenic dysfunction
- Pregnant women (ALL Trimesters)
- Carers
- Close contacts of immunocompromised over 6 months of age
- Morbidly obese BMI >40
- Health and social care, and Hospice staff who do not get from their employer
- Children aged 2 and 3 years (via GPs)
- Children in school years Reception, and Years 1 – 11 (via school age immunisation service)
- At risk children by GP or SAIS
- **AND** anyone else a prescribing clinician considers in need
  - Read Code 9OX4. Snomed 185903001 - ‘Needs influenza immunisation’
- Health and Social care staff as Occupational Health requirement

Flu vaccines for adults – 2023-24

- Flu vaccine types:
- QIV – Quadrivalent Influenza Vaccine
  - Four strains of virus
- QIVc – QIV made in cells (licensed from age 2) (under 65s and at risk)
  - No egg proteins in this vaccine
- QIVr – recombinant (licensed from age 18 years) (under 65s, at risk and over 65s)
  - Insert the piece of DNA (which makes flu haemagglutinin) into another virus. That recombinant virus then infects insect cells which in turn make the haemagglutinins. Haemagglutinins harvested and place in the vaccine
  - 45 µg of each of four strains (high dose)
  - No egg proteins in this vaccine
- aQIV – Adjuvanted QIV flu vaccine (licensed over 65s only)
  - Adjuvant helps increase immune response
  - Made in eggs
- QIVe – QIV made in eggs (only to be used when efforts to obtain other vaccines have been exhausted)
  - Still the majority production method
  - Where possible UK moving away from egg-based vaccines due to egg adaptation of viruses inside eggs

Influenza Vaccines for Children - For 2022/23

- **Order from ALL flu vaccines for Children on ImmForm**
- Children aged two to less than 18 years of age in an at-risk group or eligible healthy children
  - JCVI advises the influenza vaccines below in the following order of preference:
    - live attenuated Influenza vaccine (**LAIV**) (licensed 2 -18 years)
    - Quadrivalent influenza cell-culture vaccine (**QIVc**) (licensed from 2 years)
- Children in at risk groups aged 6 months to 2 years
  - can be offered QIVc “off label” – is included in the PGD

UK Health Security Agency

NHS

Flu vaccines 2023 to 2024 season

6 months to less than 2 years in a clinical risk group[v]	2 years to less than 18 years in eligible year groups or in a clinical risk group[v]		18 years to less than 65 years[iv] in a clinical risk group[v] and pregnant women	65 years and over
QIVc (Cell-based quadrivalent influenza vaccine) 'off label' use **or QIVe** (Quadrivalent influenza vaccine, egg grown) if QIVc not available	**No contraindications to LAIV** **Quadrivalent LAIV** (Live attenuated influenza vaccine, nasal spray suspension)	**If LAIV contraindicated or otherwise unsuitable[iii]** **QIVc** (Cell-based quadrivalent influenza vaccine) **or QIVe** (Quadrivalent influenza vaccine, egg grown) if QIVc not available	**QIVc** (Cell-based quadrivalent influenza vaccine) **QIVr** (Recombinant quadrivalent influenza vaccine) **or QIVe** (Quadrivalent influenza vaccine, egg grown) if QIVc or QIVr not available	**aQIV** (Adjuvanted egg-grown quadrivalent influenza vaccine)[iv] **QIVr** (Recombinant quadrivalent influenza vaccine) **or QIVc** (Cell-based quadrivalent influenza vaccine) if aQIV or QIVr not available
1[i] or 3[ii] 4[ii]	2[i]	1[i] or 3[ii] 4[ii]	1 5 or 3 4	6 5 or 1

Cell-based Quadrivalent Influenza Vaccine ▼
CSL Seqirus
QIVc
1
Egg-free

licensed from 2 years of age

Fluenz Tetra
AstraZeneca
LAIV
2


licensed from 2 years to less than 18 years of age

Quadrivalent Influenza Vaccine
Sanofi
QIVe
3


licensed from 6 months of age

Influvac sub-unit Tetra
Viatris (formerly Mylan)
QIVe
4


licensed from 6 months of age

Supemtek ▼
Sanofi
QIVr
5
Egg-free

licensed from 18 years of age

Adjuvanted Quadrivalent Influenza Vaccine ▼
CSL Seqirus
aQIV
6

licensed from 65 years of age

Eligible groups

- aged 2 and 3 years on 31 August 2023
- eligible school aged children (Reception to Year 11)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- all those aged 65 years and over
- those in long-stay residential care homes
- carers / in receipt of carer's allowance / or main carer of an older or disabled person
- household contacts of immunocompromised individuals
- frontline health and social care staff

See Green Book Influenza Chapter 19 for full details on eligible groups

Resources

Annual flu programme
www.gov.uk/government/collections/annual-flu-programme

Green Book Influenza Chapter 19
www.gov.uk/government/publications/influenza-the-green-book-chapter-19

(i) QIVc and LAIV for eligible children (under 18 years of age) available to order from ImmForm
(ii) QIVe is not supplied by ImmForm
(iii) If the parent of an eligible child declines LAIV because of its porcine gelatine content they can request an alternative injectable vaccine. QIVc is available to order from ImmForm for these children
(iv) Those who become 65 years of age before 31 March 2024 may be offered aQIV 'off-label'
(v) Or household contact of an immunocompromised individual

Flu immunisation
Helping to protect people, every winter

https://www.gov.uk/government/publications/flu-vaccines-for-the-current-season

UK Health Security Agency

NHS

2023 to 2024 flu season

Which flu vaccine should children have?

The following vaccines are suitable for children and this chart indicates which vaccine is recommended by age for this season

LAIV nasal spray
Live attenuated influenza vaccine, nasal spray suspension
Available to order from ImmForm

QIVc injection
Inactivated quadrivalent influenza vaccine, cell grown
Available to order from ImmForm

QIVe injection
Inactivated quadrivalent influenza vaccine, egg grown
Not supplied by ImmForm

What is the child or young person's age?

under **6 months** of age

Infants under 6 months of age are too young to have the flu vaccine (this is why it is important that expectant mothers have a flu vaccination; pregnant women can have the flu vaccine at any stage of their pregnancy)

6 months to under **2 years**

Are they in a clinical risk group?(iv)

No

They are not eligible for the flu vaccine

Yes

They should have the injected QIVc 'off label'

Or **QIVe**(iii) if QIVc not available

Children in this age group who have never had a flu vaccination will need 2 doses at least 4 weeks apart

From **2 years**(i) to less than **18 years** of age

in eligible year group or in a clinical risk group(iv)

Is the LAIV nasal spray contraindicated or otherwise unsuitable?(ii)

No

No contraindications to LAIV nasal spray

They should have the LAIV nasal spray vaccine

Children under 9 years of age in a clinical risk group(iv) who have never had a flu vaccination will need 2 doses at least 4 weeks apart

Yes

LAIV contraindicated or otherwise unsuitable

They should have the injected QIVc 'off label'

Or **QIVe**(iii) if QIVc not available

Children under 9 years of age in a clinical risk group(iv) who have never had a flu vaccination will need 2 doses at least 4 weeks apart

(i) Aged 2 years on 31 August 2023, unless in a clinical risk group.
(ii) If the parent of an eligible child declines LAIV because of its porcine gelatine content, they can request an alternative injectable vaccine. QIVc is available to order from ImmForm for these children.
(iii) QIVe is not supplied by ImmForm.
(iv) Or a child who is a household contact of an immunocompromised individual.

Resources

Annual flu programme
www.gov.uk/government/collections/annual-flu-programme

Green Book Influenza Chapter 19
www.gov.uk/government/publications/influenza-the-green-book-chapter-19

https://www.gov.uk/government/publications/which-flu-vaccine-should-children-have

LAIV NHS Education for Scotland – 6mins 35 secs https://vimeo.com/100908791

Administration of Fluenz™ Tetra Intranasal Influenza Vaccine

Flu vaccines and co-administration with other vaccines

- Some changes since last year
- All flu vaccines can be given with PPV 23, shingles and COVID vaccines (no need for 7 day gaps)
  - One vaccine per muscle is the ideal
  - If two vaccines in one muscle – 2.5cm apart
  - Note limb and position (upper or lower)
- For children - flu vaccine, including LAIV, can be given with MMR, and other childhood vaccines
- Can give flu vaccine before or after or same time as any travel vaccines

Contraindications to flu vaccines

- None of the influenza vaccines should be given to those who have had:
  - confirmed anaphylactic reaction to a previous dose of the vaccine
  - confirmed anaphylactic reaction to any component of the vaccine

- **The live attenuated flu vaccine (LAIV)** should not be given to children who are:
  - clinically severely immunodeficient due to conditions or immunosuppressive therapy:
    - acute and chronic leukaemias
    - Lymphoma
    - HIV infection not on highly active antiretroviral therapy
    - cellular immune deficiencies
    - high dose corticosteroids
  - receiving salicylate therapy
  - known to be pregnant (only applies to Fluenz Tetra) – therefore give QIVc
- **Check PGD, SPC, Green Book Chapter on Flu and "Information for Healthcare Practitioners" for all contraindications**

Precautions to flu vaccines

- **All immunisers must be fully conversant with the contraindications and precautions for each vaccine they are offering.**
- For LAIV there are precautions around:
  - Nasal congestion
  - Asthmatic children
  - Use of antivirals against flu
  - Porcine gelatine content
- For egg containing vaccines advice regarding egg allergy and anaphylaxis to egg
  - Know the ovalbumin content of the vaccine you are offering
    - Chart of all available flu vaccines at https://www.gov.uk/government/publications/influenza-vaccines-marketed-in-the-uk

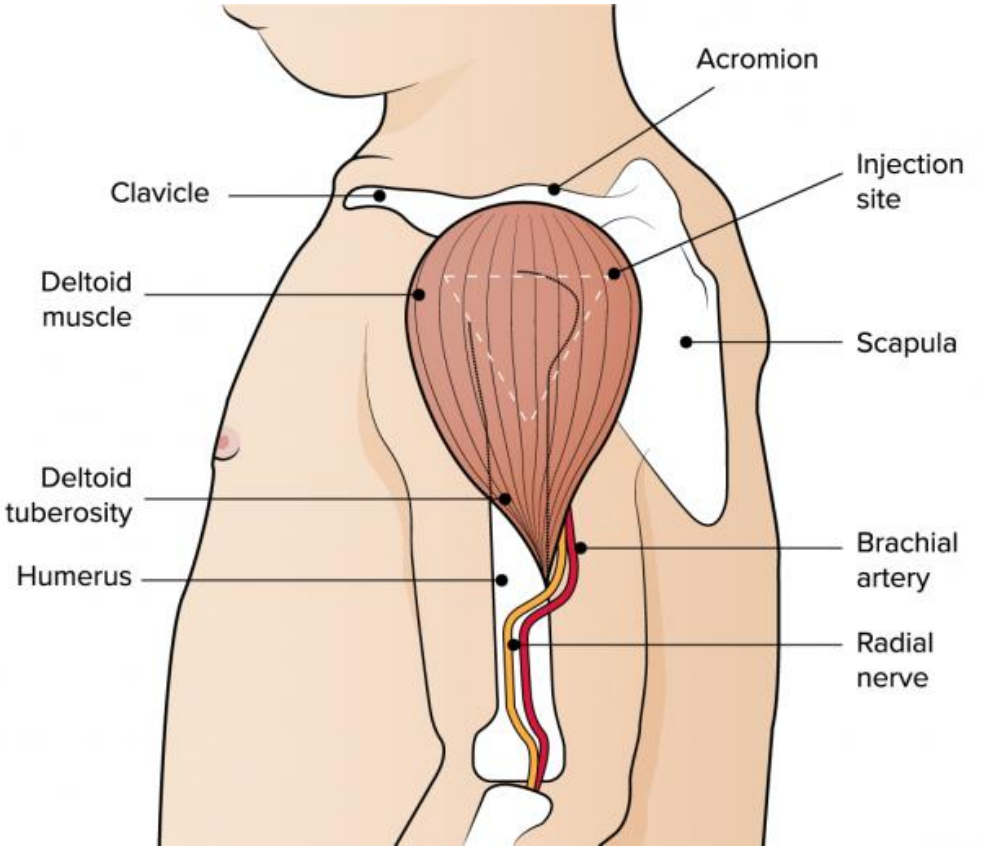
Information for Healthcare Practitioners – Flu vaccination Programme 2023-24

- https://www.gov.uk/government/publications/flu-vaccination-programme-information-for-healthcare-practitioners **- dated 18th August 2023**
- Done as Q&A
- Will answer operational questions
- Covers both child and adult programme
- **No pdf version – just HTML ☹**

Further info on Influenza

- Green Book Flu Chapter –Updated on 21st Sep 2022
  - https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19
- Contraindications and precautions in PGD, SPC and “Information for Healthcare Practitioners” document
- Do an annual flu immunisation update each year pre-season
- Additional training
  - https://www.e-lfh.org.uk/ - 3 Flu modules
  - Core Knowledge
  - Inactivated flu vaccines
  - Live flu vaccine

Questions on Flu



COVID-19 vaccination programme

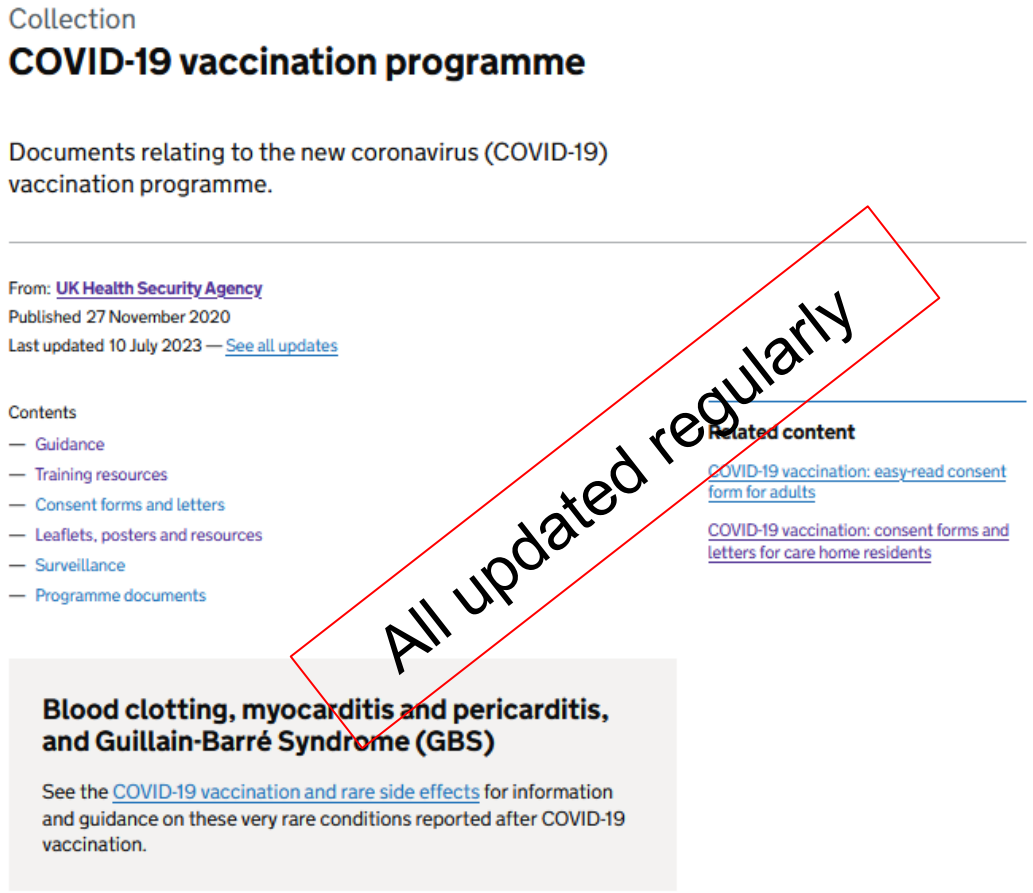
The programme is being delivered under ‘emergency’ arrangements

It is not a routine immunisation programme

People trained to give COVID vaccines must have other training and competency sign off to give other vaccine programmes

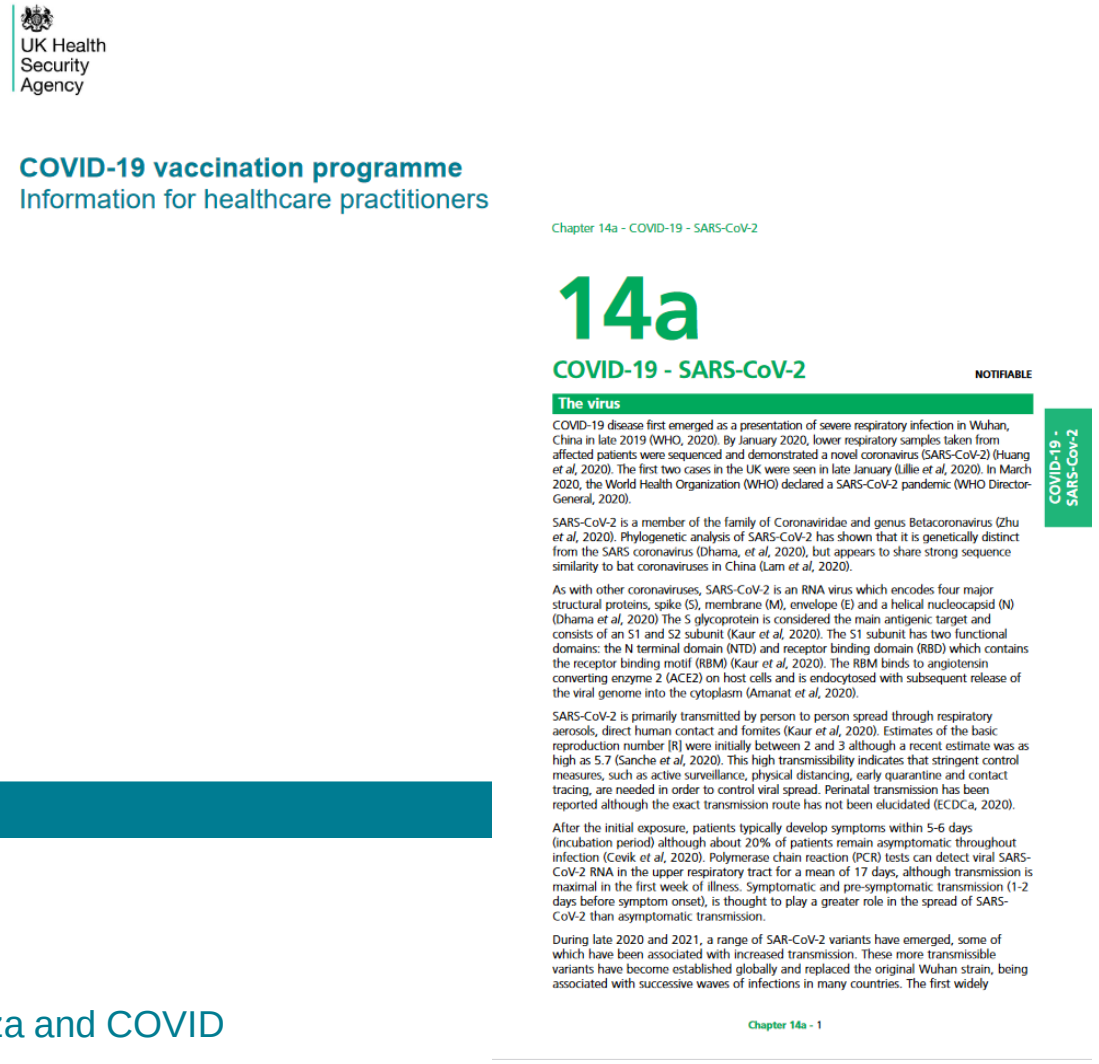
Obtaining advice and information

- COVID-19 vaccination programme (UKHSA)
  - https://www.gov.uk/government/collections/covid-19-vaccination-programme
- Specialist Pharmacy Service
  - https://www.sps.nhs.uk/home/covid-19-vaccines/
- NHS England Guidance
  - https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/
- Enhanced Service Specification for 1st Sep 2023-31st March 2024 dated 5th Sep 23
  - https://www.england.nhs.uk/publication/enhanced-service-es-specification-covid-19-vaccination-programme-1-september-2023-to-31-march-2024/
- For patients /public
  - https://www.nhs.uk/CovidVaccine



Information for Healthcare practitioners

- "COVID-19 vaccination Information for healthcare practitioners"
  - Last published 9th May 2023
  - Available https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners
- COVID-19 – Chapter 14a – Last updated 4th September 2023
  - https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a



UK Health Security Agency

COVID-19 vaccination programme
Information for healthcare practitioners

Chapter 14a - COVID-19 - SARS-CoV-2

14a

COVID-19 - SARS-CoV-2 NOTIFIABLE

The virus

COVID-19 disease first emerged as a presentation of severe respiratory infection in Wuhan, China in late 2019 (WHO, 2020). By January 2020, lower respiratory samples taken from affected patients were sequenced and demonstrated a novel coronavirus (SARS-CoV-2) (Huang *et al*, 2020). The first two cases in the UK were seen in late January (Lillie *et al*, 2020). In March 2020, the World Health Organization (WHO) declared a SARS-CoV-2 pandemic (WHO Director-General, 2020).

SARS-CoV-2 is a member of the family of Coronaviridae and genus Betacoronavirus (Zhu *et al*, 2020). Phylogenetic analysis of SARS-CoV-2 has shown that it is genetically distinct from the SARS coronavirus (Dhama, *et al*, 2020), but appears to share strong sequence similarity to bat coronaviruses in China (Lam *et al*, 2020).

As with other coronaviruses, SARS-CoV-2 is an RNA virus which encodes four major structural proteins, spike (S), membrane (M), envelope (E) and a helical nucleocapsid (N) (Dhama *et al*, 2020) The S glycoprotein is considered the main antigenic target and consists of an S1 and S2 subunit (Kaur *et al*, 2020). The S1 subunit has two functional domains: the N terminal domain (NTD) and receptor binding domain (RBD) which contains the receptor binding motif (RBM) (Kaur *et al*, 2020). The RBM binds to angiotensin converting enzyme 2 (ACE2) on host cells and is endocytosed with subsequent release of the viral genome into the cytoplasm (Amanat *et al*, 2020).

SARS-CoV-2 is primarily transmitted by person to person spread through respiratory aerosols, direct human contact and fomites (Kaur *et al*, 2020). Estimates of the basic reproduction number [R] were initially between 2 and 3 although a recent estimate was as high as 5.7 (Sanche *et al*, 2020). This high transmissibility indicates that stringent control measures, such as active surveillance, physical distancing, early quarantine and contact tracing, are needed in order to control viral spread. Perinatal transmission has been reported although the exact transmission route has not been elucidated (ECDCa, 2020).

After the initial exposure, patients typically develop symptoms within 5-6 days (incubation period) although about 20% of patients remain asymptomatic throughout infection (Cevik *et al*, 2020). Polymerase chain reaction (PCR) tests can detect viral SARS-CoV-2 RNA in the upper respiratory tract for a mean of 17 days, although transmission is maximal in the first week of illness. Symptomatic and pre-symptomatic transmission (1-2 days before symptom onset), is thought to play a greater role in the spread of SARS-CoV-2 than asymptomatic transmission.

During late 2020 and 2021, a range of SAR-CoV-2 variants have emerged, some of which have been associated with increased transmission. These more transmissible variants have become established globally and replaced the original Wuhan strain, being associated with successive waves of infections in many countries. The first widely

COVID-19 - SARS-CoV-2

Chapter 14a - 1

Autumn COVID Booster 2023 – JCVI eligible groups advice

- COVID-19 autumn 2023 vaccination programme: JCVI advice, 26 May 2023 - GOV.UK (www.gov.uk)
  - Published 8th August 2023
- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green book
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts, as defined in the COVID Green book, of people with immunosuppression
- persons aged 16 to 64 years who are carers, as defined in the COVID Green book, and staff working in care homes for older adults

JCVI advice COVID vaccines for autumn 2023

- **JCVI statement on the COVID-19 vaccination programme for autumn 2023 - update 7 July 2023**
- Published 30 August 2023
  - https://www.gov.uk/government/publications/covid-19-autumn-2023-vaccination-programme-jcvi-update-7-july-2023/jcvi-statement-on-the-covid-19-vaccination-programme-for-autumn-2023-update-7-july-2023#vaccine-products-for-autumn-2023-programme
- **Advice for use in adults aged 75 years and over:**
  - Moderna mRNA (Spikevax) bivalent Original/Omicron BA.4-5 vaccine. Dose: 50 micrograms
  - Moderna mRNA monovalent XBB vaccine (subject to licensure)
  - Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine. Dose: 30 micrograms
  - Pfizer-BioNTech mRNA monovalent XBB vaccine (subject to licensure)
  - Sanofi/GSK AS03-adjuvanted monovalent beta variant (VidPrevtyn Beta) booster vaccine authorised for adults. Dose: 5 micrograms (spike protein)

JCVI COVID vaccine advice (cont)

- **Advised for use in adults aged 18 to 74 years**:
  - Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine. Dose: 30 micrograms
  - Pfizer-BioNTech mRNA monovalent XBB vaccine (subject to licensure)
  - Moderna mRNA (Spikevax) bivalent Original/Omicron BA.4-5 vaccine. Dose: 50 micrograms
  - Moderna mRNA monovalent XBB vaccine (subject to licensure)
- **Advised for use in people aged 12 to 17 years:**
  - Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.4-5 vaccine. Dose: 30 micrograms
  - Pfizer-BioNTech mRNA monovalent XBB vaccine (subject to licensure)
- **Advised for use in people aged 5 to 11 years:**
  - Pfizer-BioNTech mRNA monovalent XBB vaccine paediatric formulation (subject to licensure)
- **Advised for use in people aged 6 months to 4 years:**
  - Pfizer-BioNTech mRNA monovalent XBB vaccine infant formulation (subject to licensure)

Other documents

- National protocol for COVID-19 vaccine (adults)
  - https://www.gov.uk/government/publications/national-protocol-for-covid-19-vaccine-adults

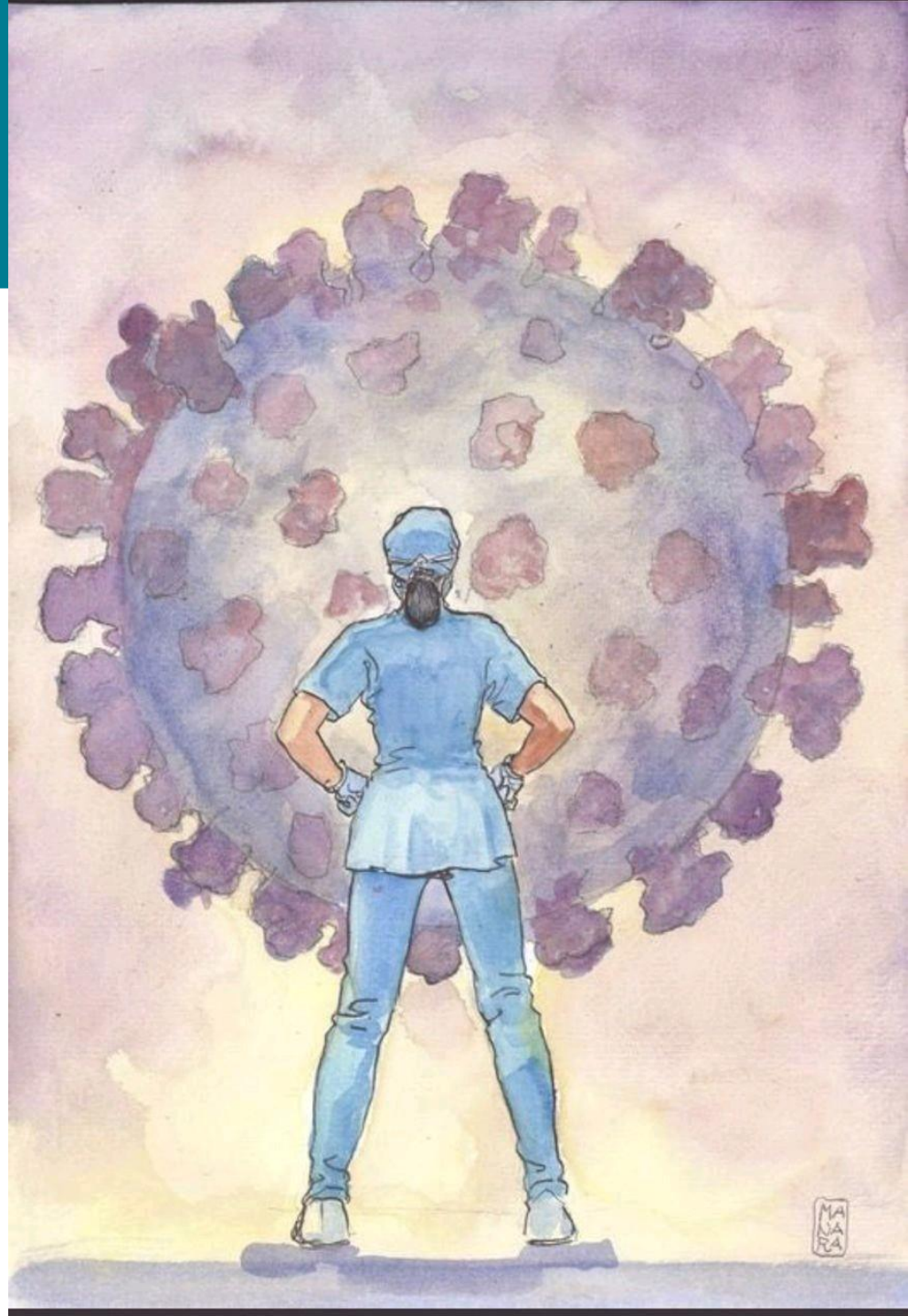
Comirnaty® Original/Omicron BA.4-5 (15/15 micrograms)/dose
VidPrevtyn Beta®
Spikevax® bivalent Original/Omicron BA.4-5 (50 micrograms/50 micrograms)/ml

- Patient Group Direction (adults)
  - https://www.england.nhs.uk/coronavirus/publication/patient-group-direction-covid-19-vaccine-adults/

COVID-19 vaccination training requirements

- **COVID-19: vaccinator training recommendations**
  - https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations
- COVID-19 vaccination e-learning for health modules https://www.e-lfh.org.uk/
  - Likely new modules for vaccines containing the XBB variant of SARS-Cov-2 virus
- “COVID-19 vaccinator competency assessment tool”
  - Last published 20th October 2022
  - Available COVID-19: vaccinator competency assessment tool - GOV.UK (www.gov.uk)

Questions on Influenza and COVID-19 Vaccination Programmes



After the webinar, please remember to:

- Complete the evaluation (link being emailed to you today)
- Print/save the certificate (emailed to you once the survey is complete)
- Use the prompts to capture your reflections on the certificate
- Look out for the slides and Q&A content (being emailed to you)
- Book for future webinars

If you need to contact the webinar team, please email: ImmsTraining@ukhsa.gov.uk

Immunisation and health protection advice (London)

NHS E London Immunisation Clinical Advice Response Service (ICARS) for Immunisation queries from primary care. Email: london.immunisationqueriescars@nhs.net

North East and North Central London HPT

UK Health Security Agency
10 South Colonnade, London,
E14 5EA

Email:
necl.team@ukhsa.gov.uk
phe.nenclhpt@nhs.net

Telephone
03003030450

Out of hours advice:
03003030450

North West London HPT

UK Health Security Agency
61 Colindale Avenue
London NW9 5EQ

Email:
phe.nwl@nhs.net

Telephone
03003030450

Out of hours advice:
03003030450

South London HPT

UK Health Security Agency
10 South Colonnade, London,
E14 5EA

Email:
slhpt@ukhsa.gov.uk
phe.slhpt@nhs.net

Telephone
03003030450

Out of hours advice:
03003030450

Primary care immunisation update webinar series 2023

March to July

- Vaccine ordering, storage & handling
- Incomplete immunisation schedules
- Vaccination of individuals with underlying medical conditions
- Vaccine administration – best practice
- Child and adolescent immunisation update
- Addressing concerns around vaccines – supporting acceptance

September to December

- Influenza and Covid-19
- Shingles and pneumococcal (adult) vaccines
- Adverse events following immunisation
- Current Issues vaccine schedule changes. Session to be confirmed

Webinar Series - booking

	Date	Start time	Link to register
September		Influenza and COVID - 45 minute session plus 15 mins Q&A	
1	05/09/2023	09:30	https://Sept23-Webinar1-InfluenzaAndCOVID.eventbrite.co.uk?aff=oddtdtcreator
2	05/09/2023	14:00	https://Sept23-Webinar2-InfluenzaAndCOVID.eventbrite.co.uk?aff=oddtdtcreator
3	19/09/2023	14:00	https://Sept23-Webinar2-InfluenzaAndCOVID.eventbrite.co.uk?aff=oddtdtcreator
October		Shingles and pneumococcal (adult) vaccines	
1	03/10/2023	09:30	https://Oct23-Webinar1-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=oddtdtcreator
2	03/10/2023	13:00	https://Oct23-Webinar2-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=oddtdtcreator
3	12/10/2023	09:30	https://Oct23-Webinar3-ShinglesAndPneumococcalAdultVaccines.eventbrite.co.uk?aff=oddtdtcreator
November		Adverse events following immunisation	
1	09/11/2023	09:30	https://Nov23-Webinar1-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=oddtdtcreator
2	28/11/2023	09:30	https://Nov23-Webinar2-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=oddtdtcreator
3	28/11/2023	14:00	https://Nov23-Webinar3-AdverseEventsFollowingImmunisation.eventbrite.co.uk?aff=oddtdtcreator