



Llywodraeth Cymru  
Welsh Government

POLICY AND STRATEGY, DOCUMENT

# Influenza vaccines and eligible cohorts for the 2024 to 2025 season (WHC/2023/047)

Letter to health professionals about the 2024 to 2025 national influenza vaccination programme.

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**For action by:**

Chief executives, Health Boards/Trusts  
Immunisation leads, Health Boards/Trusts  
Immunisation coordinators, Health Boards  
Vaccination operational leads, Health Boards/Trusts  
Medical directors, Health Boards/Trusts  
Directors of Primary Care, Health Boards/Trusts

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Nurse executive directors, Health Boards/Trusts  
Directors of Therapies and Health Sciences, Health Boards/Trusts  
Chief pharmacists, Health Boards/Trusts  
Directors of Public Health, Health Boards/Trusts  
Directors of maternity services, Health Boards  
Directors of Workforce and Organisational Development, Health Boards/Trusts  
Executive Director of Public Health, Public Health Wales  
Nurse director, Public Health Wales  
Head of Vaccine Preventable Disease Programme, Public Health Wales  
Director of planning, vaccination programme Wales  
General practitioners  
Community pharmacists  
Digital Health and Care Wales

## **For information to:**

Welsh NHS Partnership Forum  
General Practitioner Council, Wales  
Royal College of GPs  
Royal College of Nursing  
Royal College of Midwives  
Royal College of Paediatrics and Child Health  
British Dental Association  
Royal Pharmaceutical Society  
Community Pharmacy Wales  
Care Inspectorate Wales  
Chief Executive, Welsh Local Government Association for onward issue to:  
Directors of Social Services, Local authorities  
Directors of Public Protection, Local authorities  
Directors of Education, Local authorities  
Social Care Wales

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Health Education and Improvement Wales

## Action required by:

5 January 2024

## Sender:

Dr Frank Atherton, Chief Medical Officer / Medical Director NHS Wales

## Welsh Government contact:

Vaccination Division, Welsh Government, Cathays Park, Cardiff CF10 3NQ

Email: [wg.vaccinationsprogrammeteam@gov.wales](mailto:wg.vaccinationsprogrammeteam@gov.wales)

## Enclosure(s):

None

## Information

Dear Colleagues,

This Welsh Health Circular is being published to confirm:

- eligible cohorts for the 2024 to 2025 influenza (flu) season
- reimbursable vaccines for the 2024 to 2025 flu season

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- changes to the start of the 2024 to 2025 adult flu vaccination programme (except for pregnant women)

This information is being issued at this time to enable plans for the delivery of next year's flu vaccination programme to be put in place. A well-planned and executed programme which results in the timely delivery of vaccination is vital to ensuring the eligible population is protected before flu activity starts to increase during the winter months.

A further circular will be issued at the earliest possible opportunity with more detailed operational guidance and expectations for the 2024 to 2025 Winter Respiratory Vaccination Programme, which includes the flu programme alongside the COVID-19 programme on which Joint Committee on Vaccination and Immunisation (JCVI) is yet to advise.

## **Eligible cohorts for the influenza (flu) season in 2024 to 2025**

The JCVI has not recommended any changes to the eligibility criteria which applied for the 2023/24 programme.

Therefore, the groups eligible for a flu vaccine in Wales as part of the routine national flu programme in 2024/25 will be as follows:

- children aged two and three years on 31 August 2024
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2025)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- frontline health and care workers

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- people experiencing homelessness
- household contacts of the immunocompromised

## Reimbursable vaccines in 2024 to 2025

Taking into account the vaccines recommended by the JCVI for the 2024/25 flu season, the vaccines eligible for reimbursement in Wales for the different age cohorts will be as follows:

### Those aged 65 years and over [\[footnote 1\]](#)

- aQIV [\[footnote 2\]](#)
- QIVr
- QIVc where aQIV/QIVr is not available [\[footnote 3\]](#)

### Those aged 18 to less than 65 years (including pregnant women)

- QIVc
- QIVr

### Children aged 2 to less than 18 years who are contraindicated/ decline LAIV

- QIVc

### Children aged 6 months to 2 years in risk groups

- QIVc

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## Key:

aQIV - adjuvanted quadrivalent influenza vaccine

QIVc - quadrivalent cell culture influenza vaccine

QIVr - quadrivalent recombinant influenza vaccine

General practices, community pharmacies and health boards/trusts should ensure that flu vaccine orders are sufficient to facilitate high uptake. Orders should be submitted as soon as possible as manufacturers will start to produce volumes of vaccines shortly based on the orders they have received.

For the children's programme, quadrivalent live attenuated influenza vaccine (LAIV) is the recommended vaccine for eligible children aged 2 to 17 years of age, unless contraindicated or declined due to gelatine content. Where there is a clinically determined need for a less invasive procedure, e.g. for some adults with a learning disability, the use of LAIV may be considered a reasonable adjustment (see here for more details). LAIV is supplied centrally and will be available to order through ImmForm.

## Changes to the start of the 2024 to 2025 vaccination programme

JCVI has recently advised that the evidence on vaccination effectiveness supports the case for moving the start of the adult flu vaccination programme to early October. The committee has recommended there should be no change to the start of the children's programme as evidence shows early vaccination of children provides the best protection against transmission.

It has also recommended pregnant women should continue to be vaccinated in September, if delaying until October would mean they risk missing out on vaccination.

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In the light of the committee's advice, we will adopt a phased approach to the commencement of the flu vaccination programme in 2024 as follows:

- During September, general practices and health boards should concentrate their efforts on maximising uptake in the children's programme, both amongst school-age children and 2-and 3-year-olds.
- The main adult vaccination programme should begin at the start of October and be delivered at pace with an expectation that all eligible patients should be offered a vaccination by early December.

Where a Primary Care contractor does not have confidence that it will be possible to vaccinate their entire eligible adult cohort between October and early December, they should inform their health board. In this event, the health board can agree for vaccination to begin in September, rather than risk failing to complete the programme in a timely way.

The flu vaccination programme is a vital element of our winter planning and resilience arrangements. I have been disappointed to see lower than expected uptake in the 2023/24 programme and I hope the details set out above will support colleagues to develop effective plans to ensure the 2024/25 programme is a successful one.

Finally, I would like to offer my sincere thanks for all the hard work that goes into delivering our vaccination programmes, which offer vital protection to eligible citizens and to our health service through the winter months.

Yours sincerely,

Sir Frank Atherton

Chief Medical Officer / Medical Director NHS Wales

## Footnotes

[1] JvCI has also recommended QIV-HD – high dose quadrivalent inactivated influenza vaccine – for the vaccination of those aged 65 years and over. This product would also be eligible for reimbursement but is not currently marketed in the UK.

[2] aQIV may be offered ‘off-label’ to those who become 65 years of age before 31 March 2025.

[3] Whether a vaccine is ‘available’ should be a balance of clinical and operational judgement. The potential delay in sourcing the preferred vaccine (due to a temporary or localised shortage or a national batch failure) should be weighed against the protection afforded by the alternative vaccine. Whether the flu virus is circulating or is imminent at the time would be a factor in making this judgement.

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