

## WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
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<p><b>For Action by:</b>  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  Nurse Executive Directors, 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</p>	<p><b>For information to:</b>  Welsh NHS Partnership Forum  General Practitioner Council, Wales  Royal College of GPs  Royal College of Nursing  Royal College of Midwives  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  Health Education and Improvement Wales</p>
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Director of Planning, Vaccination Programme Wales General practitioners Community pharmacists Digital Health and Care Wales	
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**Sender:** Dr Frank Atherton, Chief Medical Officer / Medical Director NHS Wales

**HSSG Welsh Government Contact(s):**

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

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

**Enclosures:** None

**Dear Colleagues**

During the Winter Respiratory Vaccination Programme 2022-23, we succeeded in delivering influenza (flu) vaccinations to over a million people. This is testament to the dedication and effort of hardworking individuals and teams the length and breadth of Wales who play such a critical role in protecting public health. We are all aware of the enormous pressures that our vital health and social services have faced in recent times, but it is clear to me that without a successful flu vaccination programme the risk of those services being overwhelmed would be significantly increased. The programme therefore remains of critical importance.

Detailed guidance for the flu vaccination programme for the coming autumn and winter (National Influenza Immunisation Programme 2023-24), is set out at **Annex 1**.

NHS organisations should be focussed on the ambitions outlined in the [National Immunisation Framework](#) (NIF) for Wales as they develop plans to deliver the programme described in this circular. As the programme is put into operation, I would like everyone involved in its delivery to ensure that every eligible person has the opportunity to receive a vaccine, and as many as possible take up that offer. We know that high vaccine uptake will help reduce morbidity and mortality associated with influenza. High uptake also helps reduce hospitalisations at a time when the NHS and social care system are likely to be under intense pressure, including potentially managing outbreaks of flu, COVID-19, and other respiratory infections. The more people we can protect, the safer we can keep communities across Wales.

Despite our efforts in the 2022-23 season, the proportion of eligible persons who received the flu vaccine fell slightly compared to 2021-22. Our joint aim is to reverse this and increase take up across eligible groups. I am confident the new vaccination governance structures put in place under the NIF will assist in this aim by ensuring greater coherence, seeking to minimise variation across Wales and, crucially, reduce vaccination inequity.

### Eligible Groups for 2023-24

In summary, as outlined in [WHC \(2022\) 031](#) the eligible groups for 2023-24 are (in no particular order) as follows:

- children aged two and three years on 31 August 2023
- children in primary school from reception class to year 6 (inclusive)
- children in secondary school from year 7 to year 11 (inclusive)
- people aged six months to 64 years in clinical risk groups
- people aged 65 years and older (age on 31 March 2024)
- all adult residents in Welsh prisons residents
- pregnant women
- carers
- people with a learning disability
- staff in nursing homes and care homes with regular client contact
- staff providing domiciliary care
- staff providing frontline NHS/Primary care services\*
- healthcare workers (including healthcare students) with direct patient contact

In addition, individuals experiencing homelessness will also be an eligible group in 2023-24.

Further detail on the eligible groups is contained in **Annex 2**.

### Otherwise healthy 50-64 year olds

The Welsh Health Circular (Reimbursable vaccines and eligible cohorts for the 2023-24 NHS Seasonal Influenza Vaccination Programme **WHC/2022/031**), issued on 8 December 2022, noted that further assessment was needed to determine whether to include otherwise healthy 50-64 year-olds in the programme for 2023-24. The Welsh Government has decided this group will not form part of the eligible cohort for 2023-24, with the programme reverting to the age eligibility which was applied before the COVID-19 pandemic.

## Maximising uptake and ensuring equity

Last season's national vaccine uptake ambition for flu (and for COVID-19, as set out in our Winter Respiratory Vaccination Strategy 2022-23) was 75%. While we have exceeded 75% flu vaccine uptake for those aged 65 and over for the last three years, we have fallen short of that figure amongst other eligible groups.

The targets for this coming year will be set out in the forthcoming Winter Respiratory Vaccination Strategy 2023-24 but, our aim is that uptake rates will be improved for all eligible groups in 2023-24 across the duration of the programme but in particular during the main vaccination window, which will be between September and December. Health boards have a critical role to play in coordinating the programme and facilitating these improvements and are responsible for ensuring adequate supplies of vaccine have been ordered to enable the targets to be met. Primary Care Clusters should also be engaged fully in driving improvement. Health boards are expected to supplement, as necessary, the Primary Care based deployment model by offering opportunistic vaccinations alongside ongoing planned GP and Community Pharmacy flu vaccination, especially in the period after the main vaccination window. This will help to relieve pressure on Primary Care services while also helping to maximise vaccine uptake.

Particular attention should be paid to pre-school children, amongst whom flu vaccine uptake was lower in 2022-23 than in 2021-22, which was itself lower than in 2020-21. The uptake for this cohort also continues to lag behind the uptake seen in school aged children. To respond to this, when the vaccine becomes available, two and three-year-olds (age on 31 August 2023) should be actively called and offered vaccination as soon as possible. This will help protect them and to reduce flu transmission in the community to other vulnerable groups.

The NIF, which was published in October 2022, placed a renewed emphasis on vaccination equity. Those living in our most deprived communities, people from ethnic minority backgrounds and all other underserved groups, such as those with disabilities and people who are experiencing homelessness, must be given fair and equitable opportunity to fully benefit from flu vaccination. Where inequalities exist, we want to see uptake improved to a level comparable to that of the population as a whole. High-quality, dedicated interculturally competent engagement with local communities, employers, faith, and advocacy groups will be needed to enable this. Services should therefore ensure their influenza vaccination programme includes robust plans to understand and tackle health inequalities for all underserved groups. We are aware that approaches which have worked well in previous campaigns may be less effective in a post-COVID-19 emergency context. Innovative approaches, ongoing evaluation, sharing of practice and continuous improvement are required to embed the principles of the NIF.

## Winter Respiratory Vaccination Programme

In 2022-23, the Winter Respiratory Vaccination Programme was deployed for the first time. This was considered to be a significant step towards a fully integrated vaccination programme offering an improved experience, including greater convenience for patients and providing service efficiencies in the NHS.

The National Influenza Immunisation Programme 2023-24 and its COVID-19 equivalent will once again be brought together to form a single Winter Respiratory Vaccination Programme. Welsh Government will publish its intentions around the programme once the JCVI's final advice on the 2023-24 COVID-19 programme is published.

This advice will be crucial to enable detailed planning on co-administration. However, as was the case last year, plans should be developed on the basis of a single, coordinated and coherent programme for both vaccines and, wherever possible, delivery models should be aligned to allow for co-administration, to help maximise efficiencies uptake, and to reduce vaccination inequity.

NHS oversight and assurance of vaccination programme planning and delivery is through Vaccination Programme Wales. Public Health Wales will continue to provide specialist expert vaccination advice.

Health Boards, having liaised with their Primary Care Providers, will be expected to share their Winter Respiratory Vaccination Programme plans, stating uptake performance targets and including relevant equity impact assessments, through the governance of Vaccination Programme Wales.

## Conclusion

Once again, thank you all for the hard work that goes into delivering the influenza vaccination programme. I believe that its continuing success is something in which we should all take considerable pride.

Yours sincerely,



**Sir Frank Atherton**  
**Chief Medical Officer / Medical Director NHS Wales**

**INFLUENZA (FLU) VACCINATION PROGRAMME 2023-2024****Further information:**

## Programme ambitions

1. Health boards should note the expectation that all those who are eligible will be offered the opportunity to be vaccinated. Where commissioned by health boards, and in line with the Direct Enhanced Service (DES), there is a requirement that GPs undertake to offer flu vaccination to all eligible patients, using a proactive and preventative approach and adopting robust call and reminder systems, with the aims of maximising uptake and minimising inequity. The benefits of flu vaccination among all eligible groups should be communicated in a timely, appropriate manner, and vaccination should be made as accessible as possible. Health boards and Trusts are required to implement best practice identified as part of previous flu vaccination activities.

*Table showing Influenza vaccination uptake in Wales for the years 2020-21 to 2022-23\**

<b>Eligible Cohort</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-23</b>
Aged 65 years and over	69.4%	76.5%	78.0%	76.3%
At clinical risk 16 to 64 years	44.1%	52.0%	48.2%	44.2%
Children 2 & 3 years	50.7%	56.3%	47.6%	44.0%
Primary school aged children	68.7%	72.4%	68.2%	63.9%
Secondary school aged children	---	---	59.8%	54.4%
NHS employees with direct patient contact	58.7%	65.2%	57.2%	46.7%

\*2022-23 data is provisional. Data for previous years uptake from [Public Health Wales vaccination flu vaccination coverage data.](#)

## **Children's programme**

2. Improving vaccine uptake in children is important for individual protection, and because of the indirect protection this offers to the rest of the population. Children are 'super spreaders' of flu and the nasal spray vaccine in this age group has been highly effective. Increasing uptake in eligible children would have a significant impact on reducing transmission of flu across all groups in the community. Ensuring children receive a flu vaccine may also reduce the risk of secondary infection in the event of an outbreak of another winter infection.
3. In pre-school children, flu vaccine uptake was lower in 2022-23 than in 2021-22, which was itself lower than in 2020-21. The uptake for this cohort also continues to lag behind the uptake seen in school aged children. When the vaccine becomes available, two and three-year-olds (age on 31 August 2023) should be actively called and offered vaccination as soon as possible, to help protect them and to reduce flu transmission in the community to other vulnerable groups.
4. Evidence shows that services taking the vaccine as close as possible to the eligible cohort is an effective way of maximising uptake and minimising inequity. In some areas of Wales, local agreements are in place to take the vaccine to children aged three years, such as to nursery settings, via the school nursing and health visiting service. These methods have proved effective in securing uptake and is one of the best practice delivery models that should be explored by health boards. [Cwm Taf Morgannwg UHB's pilot](#) intervention is an excellent example that health boards are encouraged to explore further when planning their programmes.
5. The school programme covers all children from reception class to year 11. All children attending school in the eligible school years should be offered flu vaccination irrespective of their actual date of birth. Uptake for both primary and secondary age pupils fell in 2022-23 compared to 2021-2022 and this is an area on which there should be a renewed focus.
6. An inactivated vaccine may be offered to those children whose parents/guardians refuse the LAIV vaccine due to the porcine gelatine content. Parents/guardians of eligible school aged children who decline LAIV due to the gelatine content should be asked to contact their GP surgery to arrange their child's flu vaccine injection. (See para 10.e of the National Enhanced Service (NES), which has been agreed with GPC (Wales)).

7. At-risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in GP practices if the school session is late in the season, parents prefer it, or they miss the session at school.
8. Home schooled children should get their flu vaccine from their GP.

### **Health and social care workers**

9. It is important that all health and social care workers (including students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of flu viruses to their patients/clients. High rates of staff vaccination help to protect the individual member of staff and, also the people in their care and help maintain the workforce and services during the winter. It is vital that flu vaccination is accessible for staff, so that it is as easy as possible for them to get vaccinated during or around their shifts. It is also essential that organisations, and managers within organisations, actively promote and encourage take up of flu vaccination. The expectation is that there will be significant improvement in health and social care workers take up rates of the flu vaccine this winter.
10. It is crucial that the NHS workforce, in particular, recognises the importance of vaccination, and its role in both encouraging and role-modelling take up amongst the wider eligible population. As described in the National Immunisation Framework, awareness raising training on vaccination is key to this.
11. As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in direct patient care. An active vaccination offer should be made to 100% of eligible staff. To maximise uptake and support efficiencies in service delivery, co-administration of the flu and COVID-19 vaccines should be considered where appropriate.
12. Independent primary care providers, including GP practices, dental practices, optometry practices and community pharmacies are included in the NHS seasonal influenza vaccination programme. There are considerable benefits to employers to offering vaccination through occupational health schemes and these should continue to be the primary route to vaccination for these professionals. The inclusion of primary care providers is intended to complement, not replace, any established occupational health schemes that employers have in place to offer influenza vaccination to their workforce.



13. Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination through the seasonal flu vaccination component of the nationally directed Clinical Community Pharmacy Service (CCPS). There may be areas, however, where a more flexible approach and mixed delivery model is more appropriate. In these instances, health boards should agree alternative delivery models and ensure awareness locally.
14. Employers providing health and social care in other settings remain responsible for encouraging and facilitating/offering flu vaccination to employees with regular client contact.

### **Community Pharmacies**

15. Community pharmacies providing the nationally directed Clinical Community Pharmacy Service (CCPS) are able to provide seasonal flu vaccination.
16. A key aim of the 2023-24 influenza programme is to achieve flu vaccine uptake levels higher than in 2022-23 for each eligible cohort and to reverse the recent downward trend in uptake. Community pharmacies providing CCPS should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.
17. For individuals in a clinical risk group, collaborative working between GP practices and community pharmacies is encouraged and is particularly important in helping to maximise uptake in eligible groups and to help protect more individuals.
18. Individuals vaccinated against influenza in community pharmacies should be notified to general practice and recorded in GP databases using appropriate Read/ SNOMED codes.
19. For eligible social care staff:
  - As set out above, it is vitally important for social care workers to receive a flu vaccination to protect themselves, the people they care for and the care system. Health boards are asked to facilitate the timely sharing of key information with easy access to flu vaccines for eligible social care staff. Health boards are required to take account of shift patterns and other barriers to vaccination which exist for this group when developing delivery plans.

- Community pharmacies may offer free NHS flu vaccinations to staff with regular client contact working in adult residential care homes, nursing homes and children's hospices and those providing domiciliary care.
- Care home managers should be encouraged and supported to promote flu vaccine uptake amongst their staff.
- Community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises. Alternatively, staff may be directed to visit any pharmacy providing the CCPS.
- In some areas, there may be no local community pharmacy offering the CCPS. In these circumstances, or where there may be other barriers to uptake, health boards should agree an alternative method of delivery. This information should be shared proactively with managers to ensure staff know where to access their vaccines. Co-delivering flu and COVID-19 will likely provide benefits in terms of service delivery and uptake, so this should be considered in the planning of the programme.

### **Flu vaccine ordering and recommendations**

20. Advice and guidance on ordering flu vaccines for the 2023-24 season has already been issued separately in Welsh Health Circular ([WHC/2022/031](#)).
21. Vaccine orders should be reviewed to ensure that sufficient supplies of appropriate vaccines have been ordered to meet the needs of eligible groups. Models for vaccine provision across primary care clusters or consortia should be considered in planning.
22. In summary, the following are recommended vaccines and will be eligible for reimbursement in Wales:

Those aged 65 years and over	Those aged 18 to less than 65 years (including pregnant women)	Children aged 2 to less than 18 years who are contraindicated/ decline LAIV	Children aged 6 months – 2 years in risk groups
<ul style="list-style-type: none"> <li>• aQIV<sup>1</sup></li> <li>• QIVr</li> <li>• QIV-HD</li> <li>• (QIVc where aQIV/QIVr is not available<sup>2</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>• QIVc</li> <li>• QIVr</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• QIVc</li> </ul>	<ul style="list-style-type: none"> <li>• QIVc (off label)</li> </ul>

**Key:**

aQIV - adjuvanted quadrivalent influenza vaccine

QIVc - quadrivalent cell culture influenza vaccine

QIVr - quadrivalent recombinant influenza vaccine

QIV-HD – high dose quadrivalent inactivated influenza vaccine

23. For the children’s programme, quadrivalent live attenuated influenza vaccine (LAIV) is the recommended vaccine for use in eligible children aged 2-17 years of age unless contraindicated or declined due to gelatine content. Where there is a clinically determined need for a less invasive process for adults with a learning disability, the provision 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.
24. Children under 2 years of age in a clinical risk group are recommended quadrivalent influenza cell-culture vaccine (QIVc). This is an off-label recommendation that is supported by unpublished data, which shows non inferiority immunogenicity and a very similar safety profile compared with QIVe, which was recommended in previous years but not included as a [reimbursable vaccine for 2023-24](#). There is no central supply for this vaccine supply and local arrangements should be put in place for vaccine supply.

<sup>1</sup> aQIV may be offered ‘off-label’ to those who become 65 years of age before 31 March 2024.

<sup>2</sup> 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.

## **Service Specifications**

25. The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2) Directions 2021 (as amended) set out the requirements for the 2023-24 influenza and pneumococcal immunisation programme.
26. There are a number of obligations under the DES Directions important to local planning and delivery of the flu vaccination programme. In particular, GPs should develop a proactive approach to offering flu vaccinations by adopting robust call and reminder systems to contact all eligible patients. This should be, for example, through direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine). Practices must follow-up eligible patients and remind/recall those who do not receive their flu vaccination. This requirement does not apply to those covered under the school nursing service programme.
27. A separate National Enhanced Service (NES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged two and three years on 31 August 2023 can be found [here](#).

## **Patient Group Directions (PGDs)**

28. PGD links and supporting content will be available prior to the commencement of the season, and should be reviewed, ratified, and authorised locally by the health board/trust for local use. It is currently intended for National Protocols to be available before the start of the season to support mixed workforce and flexible delivery models.

[Patient Group Directions \(PGDs\) and Protocols Landing Page - Public Health Wales \(nhs.wales\)](#)

[Cyfarwyddiadau Grwpiau Clefion \(PGDs\) a Tudalen Glanio Protocolau - Iechyd Cyhoeddus Cymru \(gig.cymru\)](#)

## **Communications**

29. Public Health Wales will continue to lead the national flu immunisation programme communications and marketing campaign. Information will be available at:

[Brechlyn Ffliw - Iechyd Cyhoeddus Cymru \(gig.cymru\)](#)

[Flu Vaccination - Public Health Wales \(nhs.wales\)](#)

## **Surveillance and Reporting**

30. Public Health Wales continues to lead surveillance and monitoring of influenza and the influenza immunisation programme in Wales, providing weekly surveillance reports. To support delivery of the programme, Public Health Wales will continue to provide weekly surveillance reports on coverage at practice, cluster, local authority and health board levels. Public Health Wales will work closely with Digital Health and Care Wales to access data from GPs and from other appropriate national data systems; scoping potential for centrally reconciling uptake data where appropriate. Health boards and NHS trusts will be required to provide Public Health Wales VPDP surveillance team with data to allow monitoring of coverage in NHS staff on a monthly basis using standard data template. Data to enable surveillance of uptake of LAIV in school-aged children will be requested by Public Health Wales from health boards on a monthly basis.
31. Detailed surveillance reports, from national to GP practice level are published for NHS stakeholders on:

[Surveillance \(sharepoint.com\)](#)

32. Weekly surveillance summaries at national and health board level will be available for public access on:

<https://phw.nhs.wales/topics/immunisation-and-vaccines/flu vaccine/weekly-influenza-and-acute-respiratory-infection-report/>

33. The 2022/23 annual epidemiological summary of influenza activity and influenza immunisation uptake will be published shortly by Public Health Wales :

[Surveillance \(sharepoint.com\)](#) OR [Guidance, reports and planning \(sharepoint.com\)](#)

34. A weekly surveillance summary of influenza and other acute respiratory infection activity is published throughout the year on: [phw.nhs.wales/topics/immunisation-and-vaccines/immunisation-surveillance/](https://phw.nhs.wales/topics/immunisation-and-vaccines/immunisation-surveillance/)

## **The Green Book**

35. The Green Book, “*Immunisation against infectious disease*” provides guidance to healthcare practitioners on immunisation. This is regularly updated and the influenza chapter can be found at:

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



## ANNEX 2

### **Eligible groups included in the 2023-24 flu immunisation programme**

The following provides an updated summary of the groups eligible for flu vaccination in 2023-24.

#### **Children**

1. Children aged two and three years on 31 August 2023 i.e. date of birth on or after 1 September 2019 and on or before 31 August 2021. Vaccination will generally be offered through GP practice. Children of this age must be individually invited by their GP practice.
2. All children in primary school reception class and school years 1 to 6 (inclusive).
3. All children and young people in secondary school years 7 to 11 (inclusive).

For practical reasons, all children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth.

4. Children and young people in the school age ranges above who are home-schooled should be offered vaccination through their GP practice.
5. Children between 6 months and two years of age should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.

#### **People (children and adults) with a long-term health condition**

6. People aged six months to 64 years with a long-term health condition including:
  - Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)
  - Chronic heart disease
  - Chronic kidney disease at stage 3, 4 or 5
  - Chronic liver disease
  - Chronic neurological disease such as Parkinson's disease, motor neurone disease
  - Learning disability
  - Severe mental illness
  - Diabetes
  - Epilepsy
  - Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals)
  - Asplenia or dysfunction of the spleen
  - Morbidly obese (class III obesity). This is defined as those with a Body Mass Index (BMI) of 40 or above, aged 16 or over.

### **Household contacts**

7. 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.

### **People aged 65 years and over**

8. All those reaching the age of 65 by 31 March 2024 (i.e. born before 1 April 1959)

### **Pregnant women**

9. All pregnant women at any stage of pregnancy (first, second or third trimesters) are eligible for the flu vaccine. Health Boards should ensure through midwifery services and engagement with primary care providers that pregnant women are made aware of their eligibility and encouraged to take up the offer. Every effort should be made to make the flu vaccine as easily accessible as possible.

### **People living in care homes or other long-stay care facilities**

10. Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.
  - a. This includes adult residential care homes, nursing care homes and children's hospices.
  - b. This does not include young offender institutions, university halls of residence or boarding schools (except those in eligible school years, or eligible due to another factor).
  - c. Opportunities for co-administration with the COVID-19 vaccine should be explored where individuals are eligible for both the COVID-19 and flu vaccines.

### **Individuals experiencing homelessness**

11. Included are those sleeping rough, people in emergency accommodation and people recently homeless in supported accommodation.

### **Prisoners**

12. All adults resident in Welsh prisons.

### **Carers**

13. Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a



carer's allowance. The carer need not reside with, or be related to, the person being cared for.

### **Third sector carers**

14. Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

These individuals should be identified by a letter from their organisation, confirming their name and role in the organisation.

### **Members of voluntary organisations providing planned emergency first aid**

15. Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events.

These individuals should be identified by a letter from their organisation, confirming their name, and role in the organisation.

This category does not include individuals who are qualified to provide first aid in other circumstances.

### **Community First Responders**

16. Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

These individuals should be identified by a letter from their organisation, confirming their name, and role in the organisation.

### **Healthcare workers**

17. Healthcare workers who are in direct contact with patients/clients should have their flu vaccine via their employer. This should be actively encouraged and provided or facilitated as part of their occupational health care.

### **Social care staff**

18. Individuals employed in adult residential care homes, nursing care homes and children's hospices, or providing domiciliary care, who are in regular direct contact with residents/service users, are eligible to receive a flu vaccine. This may be via the community pharmacy NHS seasonal influenza vaccination service or through an alternative model if agreed locally. Uptake of flu vaccination should be actively encouraged and supported/facilitated by their employer.
19. Social care staff, apart from those referred to above, should be encouraged, supported and offered/facilitated vaccination by their employer.

## **Locum GPs**

20. Locum GPs may be vaccinated at the practice where they are registered as a patient.

## **Others**

21. The list above is not exhaustive, and practitioners should apply clinical judgement to consider on a case-by-case basis the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.
22. Individuals recommended to receive flu vaccine who are long-term hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to notify their GP practice in a timely way.
23. Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.