

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin 27*

Influenza (Flu) Vaccine

What is Influenza?

- An acute, **highly infectious viral infection** of the respiratory tract with a usual incubation period of one to three days.
- There are three types A, B and C. **Influenzas A and B cause the annual [epidemics](#)¹.**
- Influenza C also causes flu, however the symptoms are much less severe.

Most common symptoms of Influenza?

- A bad bout of flu is much worse than a heavy cold.
- [Flu symptoms](#)² come on suddenly and sometimes severely. They include **fever, chills, headache, extreme fatigue, and aching muscles, as well as a cough and sore throat.**
- A resident with flu is likely to spend two or three days in bed.

A resident who develops complications caused by flu could become seriously ill and may need hospital admission

Influenza Vaccination

- The injected flu vaccine stimulates your body's immune system to make antibodies.
- Antibodies are proteins that recognise and fight off germs, e.g. viruses
- **If you're exposed to the flu virus after you've had the flu vaccine, your immune system will recognise the virus and immediately produce antibodies to fight it.**
- It may take 10 to 14 days for your immunity to build up fully after you have had the flu vaccine.
- **You need to have a flu vaccination every year**, as the antibodies that protect you from flu decline over time, and flu strains can also change from year to year ³
- Flu vaccination should not be administered to a resident with a high temperature.

Why get the influenza vaccination?

- Influenza immunisation has been recommended in the UK since the late 1960s to protect those in clinical risk groups who are at a higher risk of influenza associated morbidity and mortality⁵.
- **Influenza is so contagious it is recommended that those living in long-stay residential care homes or other long-stay care facilities are vaccinated to stop the rapid spread of infection.**
- The vaccine remains the best defence we have to protect against the spread of flu and we encourage everyone eligible to get it each year.
- **All frontline health and social care workers should have the vaccine to help protect vulnerable patients and clients**, who may not make a good immune response to their own flu vaccine.
- Even if you think a resident has had flu, they should still have the vaccination. If you or your resident is in one of the "at risk" groups, you should still get the vaccine. As flu is caused by several viruses, the immunity naturally developed will only protect against one of them – you / your resident could go on to catch another strain, so it's recommended you have the vaccine even if you've recently had flu.⁴

Professional training required in order to give influenza immunisation⁷

1. **All healthcare professionals advising on immunisation or administering vaccines must have received specific training in immunisation**, including the recognition and treatment of anaphylaxis. They should maintain and update their professional knowledge and skills through appropriate training.
2. Immunisation training is available on eLearning platform⁷ (3 modules for flu vaccination) [Immunisation - e-Learning for Healthcare](#) you will be asked for your Nursing home registration number, if you are having difficulties go on live chat for help.
3. Individuals giving vaccinations must have received training in the management of anaphylaxis and must have immediate access to appropriate equipment. Adrenaline (epinephrine) must always be immediately available.
- 4 **All health professionals responsible for immunisation must be familiar with techniques for resuscitation of a patient with anaphylaxis to prevent disability and loss of life.** A protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever vaccines are given. [See Best Practice Guide for Emergency treatment of anaphylactic reactions.](#)

Immunisation by nurses

In some circumstances, it may be appropriate for a patient to receive a vaccine (i.e. have it supplied and/or administered) directly from another healthcare professional by a route other than by an individual prescription. Unless the prescribed item is covered by exemptions to the Medicines Act 1968, the preferred way of achieving this is by Patient Specific Direction (PSD). A PSD is a written instruction from an independent prescriber (doctor, dentist, independent nurse or pharmacist prescriber) to another healthcare professional, to supply and/or administer a medicine directly to a named patient, or to several named patients.

Consent and Immunisation

- There is **no legal requirement for consent to immunise to be in writing.**
- **A signature on a consent form is not proof of consent but serves to record that discussions have taken place with the patient.**
- **If an adult has refused immunisation before losing the capacity to make a decision, this decision will be legally binding**, provided that it remains valid and applicable to the circumstances.
- If an adult has not clearly refused the treatment before losing the capacity to make such a decision, you will be able to treat an adult who is unable to consent if the treatment would be in their best interests, e.g. in a care home situation where the risk of influenza could compromise the individual's health.
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-11-need-consent#full-regulation>

This decision would be made by the patient's doctor in discussion with those close to the patient.

Storage

- **Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light.**
- Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life.
- Freezing may cause loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.
- Manufacturer's recommendations on storage of vaccines must be observed.

On receipt, vaccines should be immediately placed under the required storage conditions, and this must be documented and signed

Manage Outbreaks:

NCHC Infection Prevention & Control Team with phone advice to care homes within Norfolk

Dedicated phone line – **01603 272767** Monday to Friday, 9– 5pm (there is an answer phone service)

For **Great Yarmouth and Waveney homes** please contact **East Coast Community Healthcare (ECCH)**;

Dedicated phone line - **01502 445361** Seven-day service, 9 – 5pm

However, any outbreaks within your homes remain under the remit of **Public Health England (PHE)** and you must contact them on: —**0300 303 8537** (option 1)

References

1. WebMD Types of Flu <https://www.webmd.com/cold-and-flu/advanced-reading-types-of-flu-viruses#1>
2. Flu Symptoms <https://www.nhs.uk/conditions/flu/>
3. How the flu vaccine works <https://www.nhs.uk/conditions/vaccinations/how-flu-vaccine-works/>
4. Facts about flu and the flu vaccine <https://www.nhs.uk/live-well/healthy-body/facts-about-flu-and-the-flu-vaccine/>
5. The Green Book PHE Guidance chapter 19 16th September 2022
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733840/Influenza_green_book_chapter_19.pdf
6. Emergency treatment of anaphylactic reactions <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>
7. E Learning resource <https://www.e-lfh.org.uk/programmes/immunisation/>

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