

# FAQs (Frequently Asked Questions): adjuvanted trivalent vaccine (aTIV - Fluad) for over 65s

## Phased delivery of aTIV

As planned delivery of aTIV orders has been phased across three months:

- September 40% of order delivered
- October 20% of order delivered
- November final 40% of order delivered

Unlike previous seasons, it is planned that GP practices will stagger clinics for over 65s across the three months to coincide with deliveries and ensure there is adequate aTIV vaccine supply for planned clinics. Where practices have used their stock for the month, patients should be advised to go to a pharmacy to receive aTIV or return to the practice when the practice's next supply of aTIV has been delivered and is available.

***It is important that patients receive the most appropriate vaccine for their age group, even if this means waiting a short while until vaccine is available.***

## Supply of aTIV vaccine

At the end of September, Seqirus made available a further 400,000 doses of aTIV. This was primarily for those practices and pharmacies with no aTIV or those who had less than 50% of stock for their over 65 population. Working with Local Medical Committees (LMCs), Local Pharmaceutical Committees (LPCs) and Clinical Commissioning Groups (CCGs), orders were submitted for those practices and pharmacies requiring additional stock of aTIV.

8 million doses have been made available across England for this flu season; this exceeds the total number of doses given last year to the England over 65s population.

***There may be times when a practice has run out of stock of aTIV and is waiting for their next delivery from Seqirus. Patients should be advised to return when the stock is replenished or visit a pharmacy to receive the aTIV vaccine, thus ensuring that they receive the correct vaccine.***

Some practices and community pharmacies did not meet the deadline for ordering and where that is the case – or where demand exceeds supply in an individual surgery or pharmacy – action should be taken at local level, to ensure the stock of vaccine is distributed to meet demand.

The MHRA has confirmed that with regards to the aTIV, it would not prevent the transfer of supply under the given circumstances of “in short supply” or “no supply available” provided that:

- the surgery that is holding the excess stock can give an assurance that the vaccine has been held properly in the correct temperature controlled conditions;
- confirmed record keeping of temperature monitoring is available;
- the surgery that requests the aTIV is able to verify the assurances given;
- the vaccine can be transported appropriately under the right conditions.

Community Pharmacies are already able to transfer medicines to other healthcare providers without a wholesalers licence under specific circumstances, and should refer to the relevant guidance at <https://www.gov.uk/government/publications/repeal-of-wholesale-dealer-licence-exemption-for-pharmacists>.

***This means that clinicians are able, and expected, to work with other surgeries and pharmacies to safely move vaccine stock between locations, in order to ensure that the sufficient stock of vaccine is distributed to reflect actual demand.***

Guidance on this is available in Chapter 3 of the Green Book ‘Storage, distribution and disposal of vaccines’ <https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>. Providers intending to supply vaccine or receive vaccine should follow the recommendations in this.

### **Stock of aTIV vaccines**

NHS England South West Public Health commissioning will be working with all South West CCGs to co-ordinate the local plans for aTIV delivery, where gaps in availability are identified.

All general practices should have already assessed that their confirmed total vaccine order is sufficient for patients likely to attend the surgery for vaccination. This will take into account historical attendance numbers, expected uptake rate and consideration of the numbers of patients likely to attend a community pharmacy for immunisation. This information by now should have been provided to their CCGs to feed into the local assessment of aTIV availability.

CCGs have a named lead for seasonal flu and will be planning to support practices by working with NHS England, the LMC, community pharmacy and the LPC to ensure that those age 65 and over have access to aTIV. This mapping exercise has been completed across the South West and will continue to be monitored throughout November and December.

If a practice has insufficient aTIV, they should work closely with local pharmacies to direct patients to a locally available source of aTIV. In this circumstance, issuing FP10 prescriptions for aTIV would not be appropriate.

Where a pharmacy has not ordered any or sufficient quantities of aTIV then they should direct patients to a locally available source of aTIV at their registered practice or another local pharmacy.

### **QIV use in patients over 65**

aTIV is the recommended vaccine, therefore QIV can only be offered in exceptional circumstances.

Exceptional circumstances are only if ***there is no accessible supply of aTIV, and no further supplies are expected***. It would be clinically appropriate to offer QIV to eligible patients under these exceptional circumstances. It is important to note that this decision would be made on a case-by-case basis taking into account an individual's personal circumstances. The reason for electing to give QIV should be documented by the clinician.

If, under exceptional circumstances, QIV is offered to individuals who would benefit from the more appropriate aTIV, when gaining consent for immunisation, practitioners should ensure they inform the individual the vaccine is not one nationally recommended for them. Healthcare practitioners should ensure they explain to the individual the possible lower efficacy of the vaccine being offered to them, why it is being offered instead of the recommended vaccine and why it may still offer protection against seasonal flu, or attenuate the progression of the infection should they get it. The discussion should be documented in the individual's records.

## Useful links

<https://www.gov.uk/government/collections/annual-flu-programme#2018-to-2019-flu-season>

<https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

<https://www.england.nhs.uk/south/info-professional/pgd/bgsw/downloads/>

## South West Team Flu Contacts

[england.swscreeningandimms@nhs.net](mailto:england.swscreeningandimms@nhs.net) For practices in Bristol, North Somerset, South Gloucestershire, Somerset, Devon, Cornwall & Isles of Scilly and Dorset

[england.bgswareateampublichealth@nhs.net](mailto:england.bgswareateampublichealth@nhs.net) For practices in B&NES, Gloucestershire, Swindon and Wiltshire