Standard Operating Procedure

Influenza and Covid Vaccination of Adult Inpatients

2025 Winter Vaccination Programme

Background

- Influenza (Flu) vaccination is recommended for all adults aged over 65 years and those in specified clinical risk groups, see: Green book chapter 19-Influenza

- COVID booster vaccination has been recommended for a selected cohort of high risk individuals, the immunosuppressed and those aged over 75 years of age. Green book chapter 14a- Covid 19

It is expected that most individuals will receive their Influenza and Covid vaccines in the primary care setting. It is noted long stay hospital inpatients may not be able to easily access vaccination in the community on discharge. Additionally, adults of any age who are to be discharged to care homes for older adults are included in the Winter 2025 campaign as they pose a risk to those resident in the care home setting.

For operational expediency and in line with public health recommendations, wherever possible, flu and COVID vaccines should be administered at the same time.

This SOP summarises local arrangements for vaccination of relevant inpatients delivered by the 2025 OUH Winter Vaccination Team (WVT). Contact with the inpatient vaccination team can be made via extension **21654,** Monday to Friday in core working hours. Please contact his number if you require clarity or wish to refer a patient for vaccination.

Identification of inpatients who achieve the criteria for vaccination.

1. During the daily ward round the consultant team will consider the eligibility for vaccination (both COVID and flu) of all patients under their care. Consideration of the suitability and appropriateness of the patient will be supported by review of the inclusion criteria below.

2. As indicated the required vaccine(s) will be prescribed on EPR. The prescriber will obtain verbal informed consent (or make a best interest decision) and document this in the patient notes. If a best interest decision is made this should be in collaboration with the patient's next of kin or guardian. Specific vaccine contraindications (see below) should be considered prior to prescribing.

3. Once prescribed, a designated member of the local clinical team should contact the WVT in core working hours, Monday to Friday on extension **21654.** The patients name, MRN and location will be advised, together with the vaccine requirement.

4. Confirmation that appropriate consent has been gained will be sought during this referral conversation. The caller will be notified of a date and time frame (am or pm) for vaccination.

5. The vaccines **will not be dispensed** by the pharmacy team to the ward. A member of the WVT will bring the required vaccine(s) to the patient.

6. For patients with a learning disability (LD), consideration should be given to discussing the opportunity for the LD nurse specialist to support the vaccination process. This should be noted on the referral call, the WVP vaccinator will then liaise with the LD nurse accordingly.

Vaccination of eligible patients

7. On arrival to the ward the WVT colleague will introduce themselves to the patient, confirm their intentions, confirm appropriate consent and undertake screening questions to assure safe vaccination. If the patient is unable to communicate effectively or lacks appropriate capacity; the patient's medical notes on EPR will be reviewed, and discussion with clinical colleagues will occur if there are areas of uncertainty (for example if the patient is noted to be on warfarin a recent INR result will be required). Subsequently the WVT vaccinator will:

   a. Review the prescription and confirm the correct vaccine has been prescribed.
   b. Administer and record the vaccinations on the RAVS database, acknowledging the administration(s) on the patient's EPR prescription. Subsequent registration of the vaccination(s) on the WVP database.
   c. Inform the patient's named nurse the vaccination has been completed and highlighting appropriate after care.
   d. If for any reason the WVT vaccinator declines to vaccinate the patient, this should be clearly documented in the patients EPR medical notes including why, acknowledged on the prescription, with a member of the patient's medical team informed.

Appendix A:

Inclusion and exclusion criteria for influenza vaccination of long stay inpatients

Inclusion Criteria
This SOP relates to inpatients who achieve the below inclusion criteria.

All those aged 65 years or older (rising 65 by 31 March 2026) who have:

- a length of stay longer than 21 days **OR**
- are being discharged from the OUH who are unlikely to be able to access vaccination in the community imminently on discharge **OR**
- are living in, or being discharged to, long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (this does not include prisons, young offender institutions, university halls of residence etc.)

All those aged 6 months or older in the clinical risk groups (see Green book link as below) who have:

- a length of stay longer than 21 days **OR**
- are being discharged from the OUH who are unlikely to be able to access vaccination in the community imminently on discharge

The Green book chapter 19-Influenza pages 13-14 provide for a detailed list of those considered to be clinically at risk. The list is not exhaustive, and the medical practitioner should apply clinical judgment to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified.

Broadly this adult patient cohort includes:

- Those between 18 years and 65 years of age with chronic kidney disease (renal patients)
- Or between 18 years and 65 years of age with chronic liver disease (hepatology patients)
- Or between 18 years and 65 years of age and severely immunocompromised
- Or between 18 years and 65 years of age with chronic respiratory disease
- Or between 18 years and 65 years of age with chronic heart disease and vascular disease
- Or between 18 years and 65 years of age with chronic neurological disease
- Or between 18 years and 65 years of age with Diabetes and adrenal insufficiency
- Or 18 years of age or over and pregnant

The patient should be:

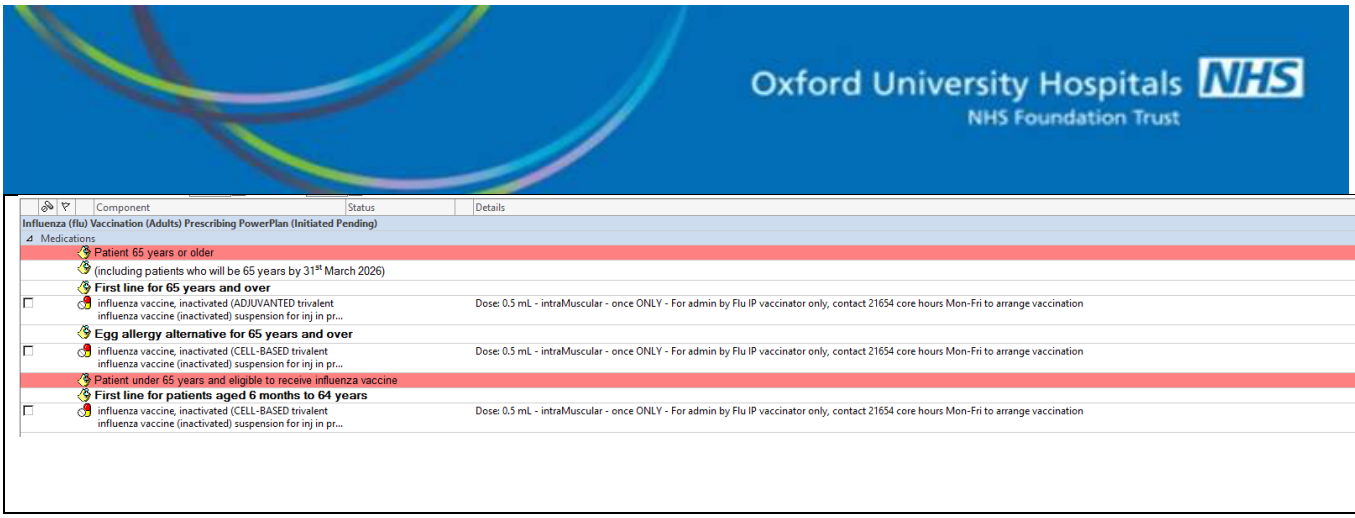
- Medically stable (recovered from any acute severe febrile illness/infection)
- Clinical team looking after the patient confirm they are in agreement that inpatient vaccination at the current time is appropriate for the patient
- Patient consents to vaccination, or 'best-interests' decision made to vaccinate in accordance with the Mental Capacity Act 2005

Exclusion Criteria

- Individuals for whom valid consent, or 'best-interests' decision in accordance with the Mental Capacity Act 2005, has not been obtained
- For inactivated cell-based trivalent vaccine: Hypersensitivity to the active substance, to any of the excipients of the vaccine or to possible trace residues such as beta-propiolactone, cetyltrimethylammonium bromide, and polysorbate 80.
- For adjuvanted inactivated trivalent vaccine: Hypersensitivity to the active substances, to any of the components of the adjuvant, to any of the excipients of the vaccine or to possible trace residues such as ovalbumin, kanamycin and neomycin sulphate, formaldehyde, cetyltrimethylammonium bromide (CTAB) and hydrocortisone.
- A severe allergic reaction (e.g. anaphylaxis) to previous influenza vaccination.
- Currently suffering from acute severe febrile illness or other severe illness that the clinical team looking after the patient feel is a contra-indication to vaccination currently (the presence of a minor infection is not a contraindication for vaccination)
- Any other contra-indication to influenza vaccination listed in Green book chapter 19-Influenza

Power plan for influenza vaccines:

Inactivated influenza trivalent cell based vaccine should be prescribed for all patients less than 65 years of age. Those who are 65 years and over or who are 65years before 31 March 2026 (rising 65) **Adjuvanted** inactivated trivalent vaccine should be prescribed. If a severe egg allergy is identified the patient should be offered the Inactivated influenza trivalent cell based vaccine.



Inclusion/exclusion criteria for COVID vaccination of long stay adult inpatients

The vaccine supplied for the 2005 winter season for adults is Pfizer BioNTech COVID-19 (Comirnaty® KP.2 30micrograms/dose)

As required refer to the Green book chapter 14a- Covid 19 for full list of inclusion and exclusion criteria.

For Autum 2025 the JCVI (Joint Committee on Vaccination and Immunisation) has recommended that those eligible for COVID-19 vaccination are:

- adults aged 75 years and over
- all residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed (as defined in the "immunosuppression" in the green book of table 3 and table 4) This decision is based on the principle of the vaccine being targeted at those with the highest risk of severe disease, where the greatest impact will be felt.

Those patients deemed appropriate for inpatient Covid vaccination will also:

- Have a length of stay longer than 21 days. **Or**
- Are to be discharged to a community setting from the OUH and unlikely to be able to access vaccination in the community imminently. **Or**
- Are of any age with planned residency in a care home for older adults on discharge.
- Medically stable (recovered from any acute severe febrile illness/infection)
- No exclusion criteria to receiving a mRNA COVID 19 vaccine

Exclusion Criteria includes:

- Individuals for whom valid consent, or 'best-interests' decision in accordance with the Mental Capacity Act 2005 has not been obtained
- Hypersensitivity to the active substance or to any of the excipients
- Previous systemic allergic reaction (including immediate onset anaphylaxis) to a COVID-19 mRNA vaccine or to any component of the COVID-19 mRNA vaccine or residues from the manufacturing process
- History of prior allergic reaction to mRNA COVID-19 vaccine that required medical attention
- History of immediate anaphylaxis to multiple, different drug classes, with the trigger unidentified (this may indicate polyethylene glycol (PEG) allergy)
- History of anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (such as depot steroid injection, laxative)
- History of idiopathic anaphylaxis
- History of myocarditis or pericarditis likely to be related to previous COVID-19 vaccination
- Currently suffering from acute severe febrile illness or other severe illness that the clinical team looking after the patient feel is a contra-indication to vaccination currently (the presence of a minor infection is not a contraindication for vaccination)

Pfizer BioNTech COVID-19 (Comirnaty® KP.2 30micrograms/dose) for adults

When you search for COVID vaccine the following will appear. For adults the 0.3ml dosage is the correct choice.