

Factsheet: Eligible groups for the Flu Vaccination Service 2017/18

The national Flu Vaccination Service covers the following patients most at risk from influenza aged 18 years and older.

Eligible groups	Further details
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2018.
Pregnant women (including those women who become pregnant during the flu season)	Pregnant women aged 18 or over at any stage of pregnancy (first, second or third trimesters).
People living in long-stay residential care homes or other long-stay care facilities	Vaccination is recommended for people aged 18 or over living in 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, for instance, prisons, young offender institutions, or university halls of residence.
Carers	People aged 18 or over who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.
Household contacts of immunocompromised individuals	People who are household contacts, aged 18 and over, 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.
Social care workers	Health & social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.
People aged from 18 years to less than 65 years of age with one or more serious medical condition(s) outlined below:	
Chronic (long term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease, such as heart failure	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease at stage three, four or five	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immune-compromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or splenic dysfunction	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Morbid obesity (class III obesity)	Adults with a Body Mass Index $\geq 40\text{kg/m}^2$.