

Clinical risk groups 2018/19

Flu vaccine should be offered to the eligible groups set out in the table below, which continues overleaf.

Eligible groups	Further detail
All children aged two years of age and over, not yet at primary school.	All those aged two years and over, not yet at primary school on 1 September 2018. (i.e. date of birth 2 July 2014 to 1 September 2016) should be invited for vaccination by their general practice.
All children attending primary school.	All children attending P1 to P7 in primary school (D.O.B. 2 July 2007 to 1 July 2014.) will be offered the vaccine in school. Any who miss it in school should be given it <i>on request</i> by their practice.
All patients aged 65 years and over	"Sixty-five and over" is defined as those 65 and over on 31 March 2019 (i.e born on or before 31 March 1954).
Chronic respiratory disease aged six months or older	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). Children who have previously been admitted to hospital for lower respiratory tract disease. See precautions section on live attenuated influenza vaccine
Chronic heart disease aged six months or older	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 aged six months or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease	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 difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability
Diabetes aged six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.

<p>Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)</p>	<p>Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stage, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorders). 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 (any age) or for children under 20kg a dose of 1mg or more per kg 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 flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
<p>Asplenia or dysfunction of the spleen</p>	<p>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</p>
<p>Pregnant women</p>	<p>Pregnant women at any stage of pregnancy (first, second or third trimesters). (see contraindications and precautions section on live attenuated influenza vaccine)</p>
<p>Morbid obesity (class III obesity)*</p>	<p>Adults with a Body mass Index $\geq 40\text{kg/m}^2$</p>