NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

VACCINE GROUP DIRECTION (VGD)

For The Administration Of Live Attenuated Intranasal Influenza Vaccine (LAIV) 2026/27 Season
For Use In NHS Grampian And NHS Tayside

This VGD has been authored by Public Health Scotland (PHS) and authorised by NoS PGD Group. PHS Publication Date 19th August 2026, Version 1.0		**Approver on behalf of NoS Boards:** NoS PGD Group **Authorisation:** NHS Grampian
		Signature: 
NoS Identifier: NoS/VGD/LAIV/1840	**Review Date:** August 2027 **Expiry Date:** August 2027	**Date Approved by NoS:** Valid from 1st September 2026

This VACCINE GROUP DIRECTION (VGD) has been authored by PHS and authorised by NoS PGD Group for use in NHS Grampian and NHS Tayside.

Annex B and C must be completed to comply with the requirements of this VGD.

Uncontrolled when printed

Version 1.0

Insert Organisational logo

Public Health Scotland

Vaccine Group Direction: Administration of live attenuated intranasal influenza vaccine (LAIV) 2026/27 season

Publication date: 19 August 2026

Valid From: 1 September 2026

Expiry: 31 August 2027

Version 1.0

Translations and other formats are available on request at:

phs.otherformats@phs.scot

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Revision History for NoS:

NoS VGD that has been superseded	New PHS authored VGD

Most recent changes NoS

Version	Date	Summary of changes
1.0	August 2026	Authorise for use for NHS Grampian and NHS Tayside only.

PHS most recent changes

Version	Date	Summary of changes
1.0	August 2026	New VGD V1.0 created.

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1. About the Vaccine Group Direction (VGD)

This VGD is for the administration of live attenuated intranasal influenza vaccine (LAIV) vaccine to prevent disease caused by influenza virus in accordance with Scottish Government immunisation programme and JCVI advice/recommendations as set out in The Green Book Influenza Chapter and subsequent correspondence/publications from Scottish Government.

This VGD is for the administration of LAIV Fluenz® by appropriately trained persons in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2026.

Public Health Scotland, in the capacity of the Scottish public health agency, has produced and authored this VGD, for the purpose of providing protection against an infectious disease, namely influenza, as part of a vaccination programme which has been approved by Scottish Ministers.

In accordance with regulation 235A, this VGD must be authorised by/on behalf of a senior manager of an NHS Board prior to use in said NHS Board and be in effect at the time at which the medicinal product is administered.

This VGD will facilitate the delivery of the national Seasonal Influenza Vaccination Programme to prevent disease caused by influenza virus by Health Boards in Scotland and any organisation a Health Board makes arrangements with to deliver such services on its behalf, referred to as “the provider”. Please note that in the context of this VGD, “the provider” means:

a. a Health Board,
b. a Health Board working with Armed Forces staff where Armed Forces staff are working in Health Board settings, or
c. an organisation delivering services on behalf of a Health Board.

This VGD may be followed wholly from assessment of an individual through to post-vaccination by a single appropriately specified registered healthcare professional able to operate under Patient Group Directions, as specified in the relevant parts of the Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2026. **Please note that nursing associates and operating department practitioners are not enabled to consent individuals under VGDs but may carry out non-registrant tasks provided they are supervised by a registered healthcare professional able to operate under Patient Group Directions.** Alternatively, obtaining consent from, and assessment of, an individual may be undertaken by a registered healthcare professional with the processes of vaccine preparation, administration and recording undertaken by a non-registered professional or a non-registered Armed Forces staff member under clinical supervision by a registered healthcare professional.

Where multiple person delivery models are used the provider must ensure that all elements of the VGD are complied with in the provision of the vaccination to each individual. **Please note that only the individual administering a vaccine may undertake reconstitution or dilution and stages 2 and 3 (preparation and**

administration) must be undertaken by the same individual. Vaccine preparation and administration cannot be separated.

The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are authorised to provide under this VGD. As a minimum, competence requirements stipulated in the VGD under 'Characteristics of staff' must be adhered to.

The provider must identify a clinical supervisor who has overall responsibility for provision of vaccinations under the VGD at all times. This includes overall responsibility for the activities of any Armed Forces staff working under the VGD.

The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the VGD and provide clinical supervision for the overall provision of clinical care provided under the VGD.

The clinical supervisor must be identifiable to individuals receiving vaccination. Whenever the VGD is used, the name of the clinical supervisor taking responsibility and all of the persons working under different activity stages of the VGD must be recorded for the session using the schedule in Annex C or maintaining an equivalent electronic record. The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the VGD. Persons working under the VGD may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Persons working to the VGD must understand who the clinical supervisor for their practice is at any time and can only work under their authority. The clinical supervisor may withdraw this authority for all persons or individual persons at any time and has authority to stop and start service provision under the VGD as necessary. All members of staff have a responsibility to, and should, report immediately to the clinical supervisor any concerns they have about working under the VGD in general or about a specific individual, process, issue or event.

Individual practitioners must be designated by name to work to this VGD. Persons working in accordance with this VGD must ensure they meet the staff characteristics for the activity they are undertaking, make a declaration of competence and be authorised in writing by the provider. This can be done by completing Annex B of this VGD or maintaining an equivalent electronic record.

It is a Health Board's responsibility to adhere to this VGD. Where the Health Board is not the provider, it is the Health Board's responsibility to ensure that any organisation they make arrangements with to deliver services on their behalf adheres to this VGD. The final authorised copy of this VGD should be kept by Health Boards for 8 years after the VGD expires. Providers adopting authorised versions of this VGD should also retain copies, along with the details of those authorised to work under it, for 8 years after the VGD expires.

Any provider administering LAIV Fluenz® under VGD must work strictly within the terms of this VGD. **Authorising organisations must not alter, amend or add to the clinical content of this document; such action will invalidate the clinical sign-off with which it is provided in accordance with the regulations. The legal validity of this VGD is contingent on those authorising section 2 and Annex B complying with the above.**

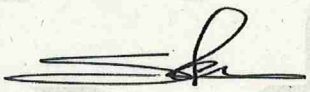
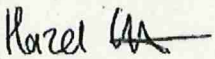
The national Seasonal Influenza Programme to prevent disease caused by influenza virus may also be provided under patient group direction, or on a patient specific basis, by or on the directions of an appropriate prescriber. Supply and administration in these instances are not related to this VGD.

Providers must check that they are using the current version of this VGD. Amendments may become necessary prior to the published expiry date. Current versions of VGDs authored by Public Health Scotland in accordance with regulation 235A of the Human Medicines Regulation 2012, as amended by the Human Medicines (Amendment) Regulations 2026, can be requested by emailing phs.vaccination@phs.scot Any concerns regarding the content of this VGD should also be sent to this email address.

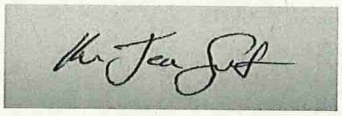
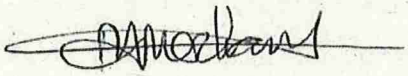
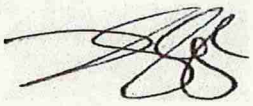
2. Approval and Clinical Authorisation

This VGD is not legally valid, in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2026, until authored by Public Health Scotland and authorised by NHS Boards in Scotland.

On 19 August 2026 Public Health Scotland approved and authored this VGD in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2026. Approval of clinical information in Annex A is via the Clinical Governance and Oversight Group of the Scottish Vaccination and Immunisation Programme on behalf of Public Health Scotland for the delivery of the national Seasonal Influenza Vaccination Programme to prevent disease caused by influenza virus, with defined limitations to authorisation that may be updated from time to time as may be required.

Clinical author signatories – Public Health Scotland			
Role	**Name**	**Signature**	**Date**
Medical	Sam Ghebrehewet		19.08.2026
Pharmacy	Hazel Close		20.08.2026
Nursing	Jill Madden		20.08.2026

Authorised for use by the following organisations and/or services
NoS – NHS Grampian and NHS Tayside
Limitations to authorisation
This authorisation applies to the administration of the live attenuated intranasal influenza vaccine (LAIV) Fluenz®, only under the conditions set out in the authorisation license set out by the Medicines and Healthcare products Regulatory Agency.

Clinical authorisation acting as a senior manager for/on behalf of the NHS Board or commissioned service			
Role	**Name**	**Sign**	**Date**
Medical	Dr David Rigby		20/08/2026
Pharmacy	Kirsten Smith		20/08/2026
Nursing	Pauline Merchant		20/08/2026
NoS PGD Group Chair	Lesley Coyle		20/08/2026
Authorised & Executive Approval– Chief Executive NHS Grampian	Laura Skaife-Knight		20/08/2026

This LAIV VGD Version 1.0 is Authorised by PHS and Approved by NoS for use in NHS Grampian and NHS Tayside From 1st September 2026

3. Characteristics of staff

1. Characteristics of staff

The provider is responsible for the designation and authorisation of persons within the classes set out below permitted to administer medicinal products under this VGD. In doing so the provider must establish that those persons:

a) demonstrate appropriate knowledge and skills to work under the Vaccine Group Direction for the administration of live attenuated intranasal influenza vaccine (LAIV) Fluenz®.
b) have met the requirements of the relevant Public Service Delivery (PSD) Scotland, formerly NHS Education for Scotland (NES), Vaccination Proficiency document as appropriate at https://learn.nes.nhs.scot/82079

Classes of persons permitted to administer medicinal products under this VGD		
This VGD may be adhered to wholly from assessment through to post-vaccination by a single appropriately specified registered healthcare professional. Alternatively, multiple persons may undertake specific activity stages in the vaccination pathway in accordance with this VGD under the supervision of the appropriately specified registered healthcare professional[1]. Activity stages of the vaccination pathway under this VGD:		
Stage 1	a) Assessment of the individual presenting for vaccination b) Provide information and obtain informed consent c) Provide advice to the individual, including written information.	Registered Healthcare Professionals Only
Stage 2	Vaccine Preparation **Delegation of this stage must be to the same practitioner as stage 3*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff
Stage 3	Vaccine Administration **Delegation of this stage must be to the same practitioner as stage 2*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff
Stage 4	Record keeping	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff

***From 1 April 2026,** only the person administering a vaccine may carry out reconstitution or dilution**. Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under stage 1.**

Providers are responsible for assessing the competency of, designating and recording the names of, all those persons permitted to administer under this VGD.

[1]The following specified registered healthcare professionals are permitted to operate under the VGD stages 1 to 4, subject to the requirements set out below:

- Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC).
- Pharmacists currently registered with the General Pharmaceutical Council (GPhC).
- Pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC).
- Chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC).
- Dental hygienists and dental therapists currently registered with the General Dental Council.
- Optometrists currently registered with the General Optical Council.

The following professionals (who are in the main non-registered) are permitted to administer under the VGD, with appropriate supervision as set out below, subject to the requirements set out below:

- Healthcare support workers
- Pre-registration pharmacists and other pharmacy support practitioners
- Retired clinical practitioners such as doctors, dentists, pharmacists, nurses, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists,orthotists/prosthetists, paramedics, pharmacy technicians, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
- Student doctors, dentists, pharmacists, nurses, midwives, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
- Healthcare Scientists
- Dental nurses
- Physician's assistants
- Nursing associates
- Operating department practitioners
- Scottish Ambulance Service Ambulance Technicians

The following non-registered Armed Forces staff are permitted to administer under the VGD with appropriate supervision as set out below, subject to the requirements set out below:

- Combat Medical Technician – Class 1,2 &3 (CMT)
- Royal Navy Medical Assistant (RN MA)
- Royal Air Forces Medic
- Defence Medic
- Healthcare Assistant (HCA)
- Military General Duties Vaccinators

Requirements

All those working under this VGD must have undertaken training, be assessed as competent and receive supervision appropriate to the stage of activity they are undertaking. Where multiple person delivery models are used, the provider must ensure that all elements of the VGD are complied with in the provision of vaccination to each individual. The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are employed to provide under this VGD. As a minimum, competence requirements stipulated in the VGD must be adhered to.

All persons must be designated by name by the provider as an approved person under the current terms of this VGD before working to it, and listed on the practitioner authorisation sheet in Annex B. All staff listed on the sheet will be covered by NHS indemnity extended by the Health Board who is responsible for the live attenuated intranasal influenza vaccine (LAIV) (Fluenz®) vaccination programme in that locality. VGDs do not remove inherent obligations or accountability.

All practitioners operating under this VGD must work within their terms of employment at all times; registered healthcare professionals should also abide by their professional code of conduct.

There are three underpinning principles to which every person undertaking activities under the remit of this VGD must adhere.

Training

- They must have undertaken training appropriate to this VGD and relevant to their role, as required by local policy and health board standard operating procedures and in line with the training recommendations for persons vaccinating for live attenuated intranasal influenza vaccine (LAIV) (Fluenz®).
- They must have met the requirements set out in the relevant Public Service Delivery (PSD) Scotland, formerly NHS Education for Scotland (NES) Vaccination Proficiency document.

Competency

- Those providing clinical supervision to those administering the vaccine must be competent to assess individuals for suitability for vaccination, identify any contraindications / exclusions or precautions, discuss issues related to vaccination and obtain informed consent from the individuals being vaccinated. All persons must be one of above noted registered professionals.
- Those that are not registered professionals, and those returning to immunisation

after a prolonged interval (more than 12 months), should be assessed and signed off as meeting the requirements of the relevant Public Service Delivery (PSD) Scotland, formerly NHS Education for Scotland (NES) Vaccination Proficiency document. They should be observed preparing and administering the vaccine until both they, and their supervisor or trainer, feel confident that they have the necessary knowledge and skills to prepare and administer vaccines safely and competently.

- Experienced persons should use the relevant PSD Scotland Vaccination Proficiency document to self-assess that they are able to meet all the competencies listed and confirm that they have the knowledge and skills necessary to administer live attenuated intranasal influenza vaccine (LAIV) (Fluenz®). They must have completed local Infection Prevention and Control (IPC) training and comply with the vaccination guidance.

In addition and where indicated as relevant to the role:

- They must be familiar with the vaccine product and alert to any changes in the manufacturers summary of product characteristics (SmPC) and familiar with the national recommendations for the use of this vaccine.
- They must be familiar with, and alert to changes in relevant chapters of The Green Book Chapter.
- They must be familiar with, and alert to changes in the relevant provider's standard operating procedures (SOPs) and provider's arrangements for the national Seasonal Influenza Vaccination Programme to prevent disease caused by influenza virus.
- They must be competent in the correct handling and storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine.
- They must be competent in the recognition and management of anaphylaxis, have completed applicable basic life support training and be able to respond appropriately to immediate adverse reactions.
- They must have access to the provider's VGDs and relevant Seasonal Influenza Vaccination Programme to prevent disease caused by influenza virus online resources.
- For those preparing and administering the vaccine, they must be competent in the handling of the vaccine product and use of the correct technique for preparing the correct dose.
- For those preparing and administering the vaccine, they must be competent to undertake immunisation, this should include a practical element.
- For those in record keeping roles, they must understand the importance of making sure vaccine information is recorded on the vaccination management app.
- They should fulfil any additional requirements defined by local policies developed in accordance with any national guidance.

Supervision

- A period of supervised practice to allow observation of, and development of skills in vaccine administration and application of knowledge to practice is essential.
- Supervision for new immunisers and support for all immunisers is critical to the safe and successful delivery of the Seasonal Influenza Vaccination Programme

to prevent disease caused by influenza virus.

- Non-registered professionals and non-registered Armed Forces staff must be supervised and supported by a registered healthcare professional at all times.
- The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the VGD and provide clinical supervision for the overall provision of clinical care provided under the VGD.

4. Annex A: Clinical Information

This Annex provides information about the clinical situation or condition and treatment in relation to the Vaccine Group Direction

4.1. Clinical condition or situation to which this Vaccine Group Direction applies

Category	Description
Inclusion Criteria	Immunisation against disease caused by influenza virus Live attenuated influenza vaccine (LAIV) should be offered to individuals invited or eligible in accordance with the recommendations in The Green Book Influenza Chapter, and/or in line with Scottish Government seasonal influenza vaccination programme and subsequent correspondence/publications from Scottish Government. Specifically, this includes: • All primary school children (primary one to primary seven) • All secondary school pupils (S1 to S6) National policy must be followed in relation to the groups eligible for vaccination at a particular point in time. Valid consent has been given to receive the vaccine.

Exclusion criteria	Individuals who:
	• are aged under 5 years. Note this does **not** include those attending primary school under the age of 5 years. These children may be vaccinated in the school setting under this VGD.
	• are aged 18 years and over unless attending secondary school – see section 4.2 Is the use out-with the SmPC below.
	• have had a confirmed anaphylactic reaction to a previous dose of influenza vaccine.
	• have had a confirmed anaphylactic reaction to any component of the vaccine including gelatin and gentamicin. Practitioners must check the marketing authorisation holder's SmPC for details of vaccine components.
	• have required admission to intensive care for a previous severe anaphylaxis to egg. JCVI has advised that all other children with an egg allergy – including those with previous anaphylaxis to egg – can be safely vaccinated with LAIV in any setting (including primary care and schools).
	• have severe asthma or active wheezing including those:
	  ○ with evidence of active wheezing in the previous 72 hours.
	  ○ with evidence of increased use of bronchodilators in the previous 72 hours.

	○ who require regular oral steroids for maintenance of asthma control. ○ who have previously required intensive care for asthma exacerbation. • Are known to be clinically severely immunocompromised due to conditions or immunosuppressive therapy such as acute and chronic leukaemias; lymphoma; HIV infection which is not suppressed by antiretroviral therapy; cellular immune deficiencies; and high dose corticosteroids until at least three months after treatment has stopped including: ○ adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week. ○ adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days. • Are currently being treated for a malignant disease or non-malignant disorder with immunosuppressive chemotherapy or radiotherapy, or those who have terminated such treatment in the last 6 months. • Have received a solid organ transplant and are currently on or have received in the last 6 months' immunosuppressive treatment. • Have received an allogenic (cells from a donor) stem cell transplant in the past 24 months. • Have received an allogeneic stem cell transplant more than 24 months previously and they have ongoing immunosuppression or evidence of graft-versus-host disease (GVHD). • Have received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months. • Have received an autologous haematopoietic stem cell transplant more than 24 months previously and are not in remission. • Are receiving or have received in the past 12 months immunosuppressive biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab and rituximab) unless otherwise directed by a specialist. • Are receiving or have received in the past 3 months high dose non-biological oral immune modulating drugs (e.g. methotrexate dose greater than 25mg per week in adults or 15mg/m2 in children, azathioprine dose greater than 3.0mg/kg/day or 6-mercaptopurine dose greater than 1.5mg/kg/day), for the treatment of rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease and other conditions. • Are known to be a close contact of a very severely immunocompromised person (for example bone marrow transplant patients requiring isolation). • Are known to be taking salicylate therapy (other than for topical treatment of localised conditions).

	• Individuals with unrepaired craniofacial malformations. • Are known to be pregnant. • Are known to be breastfeeding. • Are currently taking or are within 48 hours of cessation of influenza antiviral agents. • Are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).
Cautions/ needfor further advice/ circumstances when further advice should be sought	The Green Book advises that there are very few individuals who cannot receive LAIV. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation coordinator or health protection team. There is a theoretical potential for transmission of live attenuated influenza virus in LAIV to immunocompromised contacts for 1 to 2 weeks following vaccination. In extensive use of the LAIV in the UK, there have been no reported instances of illness or infections from the vaccine virus among immunocompromised patients inadvertently exposed. However, where close contact with very severely immunocompromised patients (for example bone marrow transplant patients requiring isolation) is likely or unavoidable (for example, household members), appropriate alternative inactivated influenza vaccines should be considered. There are no data on the effectiveness of LAIV when given to children with a heavily blocked or runny nose (rhinitis) attributable to infection or allergy. As heavy nasal congestion might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration until resolution of the nasal congestion or an appropriate trivalent inactivated influenza vaccine should be considered. Long term stable low dose corticosteroid therapy, either alone or in combination with low dose non-biological oral immune modulating drugs (e.g. up to methotrexate 25mg per week in adults or up to 15mg/m2 in children, azathioprine 3.0mg/kg/day or 6-mercaptopurine 1.5mg/kg/day), are not considered sufficiently immunosuppressive and these patients can receive live vaccines. Children with cochlear implants can be given LAIV safely although ideally not in the week prior to implant surgery or for 2 weeks afterwards, or if there is evidence of on-going cerebrospinal fluid leak.

Action if excluded	Specialist advice must be sought on the vaccine and circumstances under which it could be given as immunisation using a patient specific direction may be indicated. The risk to the individual not being immunised must be taken into account. Document the reason for exclusion and any action taken in accordance with local procedures. Inform or refer to the clinician in charge. In case of postponement due to acute wheezing/increased use of bronchodilators offer/arrange for a suitable trivalent inactivated vaccine to avoid a delay in protection. In case of exclusion due to regular oral steroids for maintenance of asthma control or having previously required intensive care for asthma due to limited safety data in these children advice from the child's specialist should be sought on the vaccine and circumstances under which it could be given. In case of exclusion as result of immunosuppression, pregnancy or salicylate therapy (other than for topical treatment of localised conditions), consider use of an appropriate trivalent inactivated influenza vaccine. **Temporary exclusion** In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated and ensure another appointment is arranged.
Action if person declines	Advise the individual about the protective effects of the vaccine, the risks of infection and potential complications of disease. Advise how future immunisation may be accessed if they subsequently decide to receive the vaccine. Document advice given and decision reached. Inform or refer to the clinician in charge.

4.1 Description of treatment

Category	Description
Name of medicine	Fluenz® Trivalent nasal spray suspension Influenza vaccine (live attenuated, nasal)
Form	Nasal spray, suspension in a prefilled nasal applicator.
Route of administration	Fluenz® is for nasal administration only. LAIV must not be injected.

	The patient can breathe normally while the vaccine is being administered – there is no need to actively inhale or sniff.
Dosage	0.2ml (administered as 0.1ml per nostril). LAIV is administered as a divided dose in both nostrils.
Frequency	Single dose. Those eligible for vaccination under this VGD aged less than 9 years who have **not** received influenza vaccine before and are in clinical risk groups or are a carer or household contact of an immunocompromised individual, should receive 2 doses of LAIV with the second dose at least 4 weeks after the first. Where close contact with very severely immunocompromised individuals is likely (for example bone marrow transplant patients requiring isolation), alternative cell-based trivalent influenza vaccine (TIVc) (Seqirus vaccines) should be considered. LAIV and the inactivated influenza vaccines are interchangeable; a second dose, if required, should be given at least 4 weeks after the first dose in accordance with the manufacturer's SmPC for that vaccine. This VGD authorises a second dose of LAIV to be administered if indicated. Those eligible for vaccination under this VGD aged less than 9 years who are **not** in clinical risk groups or **not** a carer or household contact of an immunocompromised individual should be offered a single dose, even if they have **not** previously received influenza vaccine.
Duration of treatment	See frequency section.
Maximum or minimum treatment period	See frequency section.
Quantity to administer	See frequency section.
▼ black triangle medicines	No.
Legal category	Prescription Only Medicine (POM)
Is the use outwith the SmPC?	Yes. LAIV is licensed for administration to children and adolescents from 24 months to less than 18 years of age. It may be administered under this VGD to those individuals aged 18 years in secondary school accordance with the Scottish Government seasonal influenza immunisation programme. The SmPC states that in children who have not previously been immunised against influenza, a second dose should be given after an

	interval of at least four weeks. This is superseded by The Green Book recommendation to give a single dose of recommended influenza vaccine to children **not** in a clinical at-risk group. The SmPC for LAIV lists salicylate use among children and adolescents as a contraindication for LAIV because of reports of the association of Reye's syndrome with salicylates and wild-type influenza infection. No direct association between salicylate therapy and LAIV and Reye's syndrome has been described and is included in the SmPC on theoretical grounds only. As a precaution, children and adolescents receiving salicylate therapy that has been associated with Reye's syndrome (such as systemic aspirin therapy) should not be offered LAIV. However, LAIV can be offered to children and adolescents receiving salicylates that are not associated with Reye's syndrome such as salicylates given for topical treatment of localised conditions. JCVI has advised that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting. Vaccine should be stored according to the conditions detailed below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS Board guidance on storage and handling of vaccines or National Incident Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this VGD is allowed. Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.
Storage requirements	**General requirements** Vaccine should be stored at a temperature of +2° to +8°C. Store in the original packaging to protect from light. Do not freeze. NHS Board guidance on Storage and Handling of vaccines should be observed. Before use, the vaccine may be taken out of the refrigerator once for a maximum period of 12 hours at a temperature not above 25°C. Stability data indicate that the vaccine components are stable for 12 hours when stored at temperatures from 8°C to 25°C. If the vaccine has not been used after this 12-hour period, it should be disposed of. In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated

	above should be quarantined and risk assessed for suitability of continued use or appropriate disposal.
Additional information	Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. The patient can breathe normally while the vaccine is being administered – there is no need to actively inhale or sniff. Administration of either dose does not need to be repeated if the patient sneezes or blows their nose following administration. LAIV can be given at the same time as other vaccines including COVID-19 vaccine and live vaccines. No specific intervals need to be observed between LAIV and other live vaccines.

4.2. Adverse reactions

Category	Description
Warnings including possible adverse reactions	Nasal congestion/runny nose, reduced appetite, weakness and headache are common adverse reactions following administration of LAIV. It is uncommon, but some children may experience a nosebleed following administration of LAIV. For full details/information on possible adverse reaction, refer to manufacturer's product literature or SmPC. As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available. In the event of a severe adverse reaction individuals should be advised to seek medical advice.
Management of adverse reactions	Anaphylaxis is a very rare, recognised side effect of most vaccines and suspected cases should be reported via the MHRA Yellow Card Scheme. The Green Book Vaccine safety and adverse events following immunisation chapter (8) gives detailed guidance on distinguishing between faints, panic attacks and the signs and symptoms of anaphylaxis.
Reporting procedure for adverse reactions	Healthcare professionals and individuals/carers should report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on http://www.mhra.gov.uk/yellowcard If a case of suspected anaphylaxis meets the clinical features described in The Green Book Vaccine safety and adverse events following immunisation chapter (8), this should be reported via the Yellow Card Scheme as a case of 'anaphylaxis' (or if appropriate 'anaphylactoid reaction'). Cases of less severe allergic reactions

	(i.e. not including the clinical features of anaphylaxis) should not be reported as anaphylaxis but as 'allergic reaction'. Any adverse reaction to a vaccine should be documented in accordance with locally agreed procedures in the individual's record and the individual's GP should be informed. Programmatic Adverse Events should be recorded in line with local procedures and where appropriate escalated in accordance with the national framework.
Advice to patient or carer including written information	**Written information to be given to individual** • Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) provided with the vaccine. • Supply immunisation promotional material as appropriate. **Individual advice / follow up treatment:** • Inform the individual/carer of possible side effects and their management. • The individual should be advised to seek medical advice in the event of a severe adverse reaction. • Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: http://www.mhra.gov.uk/yellowcard • When applicable, advise individual/parent/carer when the subsequent dose is due. • Give general advice relating to good hygiene practice to prevent the spread of germs – always have tissues to hand, use a clean tissue to cover your mouth and nose when you cough and/or sneeze, bin any tissue after one use, wash your hands with soap and hot water or a sanitiser gel often.
Observation following vaccination	Following immunisation individuals remain under observation in line with NHS Board policy.
Follow up	If appropriate remind parents/guardian that a further dose will be required to complete the course.
Additional facilities	A protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever vaccines are given. Immediate treatment should include early treatment with intramuscular adrenaline, with an early call for help and further IM adrenaline every 5 minutes. The health professional overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of an individual with anaphylaxis.

5. Audit Trail/Records

Name	Description
Record/ audit trail	Record: • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of person that undertook assessment of individual's clinical suitability • name of person that administered the vaccine • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • batch number • where possible expiry date • anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • administered under vaccine group direction. Records should be kept line with local procedures. Local policy should be followed to encourage information sharing with the individual's General Practice. All records should be clear, legible and contemporaneous and in an easily retrievable format.

6. References

Name	Description
Additional references	• Immunisation against Infectious Disease [Green Book] • Immunisation against Infectious Disease [Green Book] Influenza Chapter • Prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy • Professional guidance to support prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy • All relevant JCVI statements • All relevant Scottish Government Health Directorate advice including the relevant CMO letter(s) • Current edition of British National Formulary. • Marketing authorisation holder's Summary of Product Characteristics • Educational resources for registered professionals produced by Public Services Delivery Scotland, formerly NES

7. Annex B: Practitioner authorisation sheet

Vaccine Group Direction: Administration of live attenuated intranasal influenza vaccine (LAIV) 2026/27 season

Valid from: 1 September 2026
Expiry: 31 August 2027

Before signing this VGD, check that the document has had the necessary authorisations. Without these, this VGD is not lawfully valid.

Practitioner

By signing this VGD you are indicating that you agree to its contents and that **you will work within it.**

VGDs do not remove inherent professional obligations or accountability.
It is the responsibility of each practitioner to practice only within the bounds of their own competence and any appropriate professional code of conduct.

I confirm that I have read and understood the content of this VGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Person authorising on behalf of the Provider

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this VGD. I give authorisation on behalf of **insert name of organisation** for the above named health care professionals who have signed the VGD to work under it.			
Name	Designation	Signature	Date

Note to person authorising on behalf of Provider

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation. This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this VGD.

8. Annex C: Clinical Supervision sheet

Vaccine Group Direction: Administration of live attenuated intranasal influenza vaccine (LAIV) 2026/27 season

Valid from: 1 September 2026
Expiry: 31 August 2027

This sheet must record the name of the clinical supervisor taking responsibility and all of the people working under different activity stages of the VGD.
Activity stages of the vaccination pathway under this VGD:

Stage 1	a) Assessment of the individual presenting for vaccination b) Provide information and obtain informed consent c) Provide advice to the individual, including written information	Registered Healthcare Professionals Only
Stage 2	Vaccine Preparation **Delegation of this stage must be to the same practitioner as stage 3*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 3	Vaccine Administration **Delegation of this stage must be to the same practitioner as stage 2*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 4	Record Keeping	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

***From 1 April 2026,** only the person administering a vaccine may carry out reconstitution or dilution**. Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under stage 1.**

The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the VGD. Persons working under the VGD may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Before signing this VGD, check that the document has had the necessary authorisations. Without these, this VGD is not lawfully valid.

Clinical Supervisor

Name	Designation	Signature	Date

Practitioner(s) and Activity Stages

Name	Activity Stage(s)	Signature	Date	Clinical Supervisor Initials

Note to Clinical Supervisor

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation. This authorisation sheet should be retained to serve as a record of clinical supervision arrangements for those working under this VGD.

9. Version history

NoS Version History

Version	Date	Summary of changes
1.0	August 2026	Authorise for use for NHS Grampian and NHS Tayside only.

PHS Version History

Version	Date	Summary of changes
1.0	August 2026	New VGD V1.0 created.