

**Advice from the Joint Committee on Vaccination and Immunisation  
on swine flu vaccination  
Friday 7 August 2009**

1. JCVI further considered the evidence regarding a swine flu vaccination programme.
2. JCVI noted that, based on the current evidence, the highest rates for severe disease are in:
  - People with underlying health conditions; and
  - Pregnant women
3. The Committee confirmed that the primary objective of a swine flu vaccination programme is to reduce mortality and morbidity.
4. The Committee appreciates that the Government has decided to procure sufficient vaccine for the whole population. However, the vaccine will not be available for the entire population at once. Therefore the Committee advised that the following groups should be prioritised for vaccination in the following order once the vaccine has been licensed
  - i. Individuals aged between six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups\*
  - ii. All pregnant women, subject to licensing conditions on trimesters
  - iii. Household contacts of immunocompromised individuals
  - iv. People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups

\* the current definition of asthma used for the seasonal flu vaccination programme should be used.

5. These groups have been selected because they are at highest risk of severe illness.
6. The committee advised that the pandemic flu vaccine could be co-administered with all other vaccines including seasonal influenza and childhood vaccines.
7. The Committee supported the proposed early use of the licensed vaccine in frontline health and social care workers because they are at increased personal risk of infection and of transmitting that infection to susceptible patients; and because this will help to maintain the resilience of the NHS. It was noted that frontline health and social care workers would be offered vaccine at the same time as the first clinical risk groups.
8. The Committee advised that subsequent use of the vaccine in the wider healthy population should depend on the evolution of the pandemic as well as new and emerging clinical data on the use of the vaccine. This should be kept under review.