

# Clinical risk groups who should receive influenza immunisation



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| Clinical risk category  | Examples (this list is not exhaustive and decisions should be based on clinical judgement)   |
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| Chronic respiratory disease   | <p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p> <p><b>See the precautions section of the full guideline on live attenuated influenza vaccine</b></p> |
| Chronic heart disease   | 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  | Chronic kidney disease at stage 3, 4, or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.  |
| Chronic liver disease   | Cirrhosis, biliary atresia, and chronic hepatitis.   |
| Chronic neurological disease (included in the DES directions for Wales) | 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.  |



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| <p>Immunosuppression (see <b>contraindications and precautions section of the <a href="#">full guideline</a> on live attenuated influenza vaccine</b>)</p> | <p>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).</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day.</p> <p>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 influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>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).</p> <p><b>See the precautions section of the <a href="#">full guideline</a> on live attenuated influenza vaccine</b></p>   |
| <p>Morbid obesity (class III obesity)</p>  | <p>Adults with a body mass index <math>\geq 40</math> kg/m<sup>2</sup></p> <p>Note: many of this patient group will already be eligible due to complications of obesity that place them in another risk category.</p>  |

[See original guidance here](#) (free registration required).