



Influenza and COVID-19 vaccination programmes for autumn/winter 2025/2026

HSE National Immunisation Office
IIOP Webinar

15th October 2025





Welcome

- If you have any immunisation-related questions after the webinar please email immunisation@hse.ie (we do our best to reply within 5 working days)
- Webinar focused on clinical updates
- Operational/IT issues/Payments are not covered
- The information on slides is correct as of 15th October 2025
- Please consult the [NIAC guidelines](#) and www.immunisation.ie for up to date immunisation information
- This webinar is not part of training requirements and therefore not all information is covered, all vaccinators must ensure they have undertaken the relevant training required for their profession
- You can sign up for NIO [E-zine](#) for updates



Agenda

- The role of the NIO
- Influenza and COVID-19 activity and vaccine uptake autumn/winter 2024/2025
- Vaccination programme overview 2025/2026
- Influenza vaccination programme
- COVID-19 vaccination programme
- Summary of all recommended groups
- Vaccine co-administration
- Vaccine ordering and recording
- Communication campaign
- Reminders and resource
- Q&A





The role of the NIO



The role of the NIO

The NIO is responsible for:

- Procurement and distribution of vaccines
- Development of standards for the delivery of national vaccination programmes
- Development of training for healthcare professionals to support national vaccination programmes
- Production of information and communication on national immunisation programmes including leading campaigns to launch vaccination programmes and promote uptake
- Administration of the IT system for the schools immunisation programme (SIS)
- The NIO provides a clinical email advisory service for healthcare professionals to support national vaccination programmes aligned with the NIAC guidelines (immunisation@hse.ie)



The role of the NIO

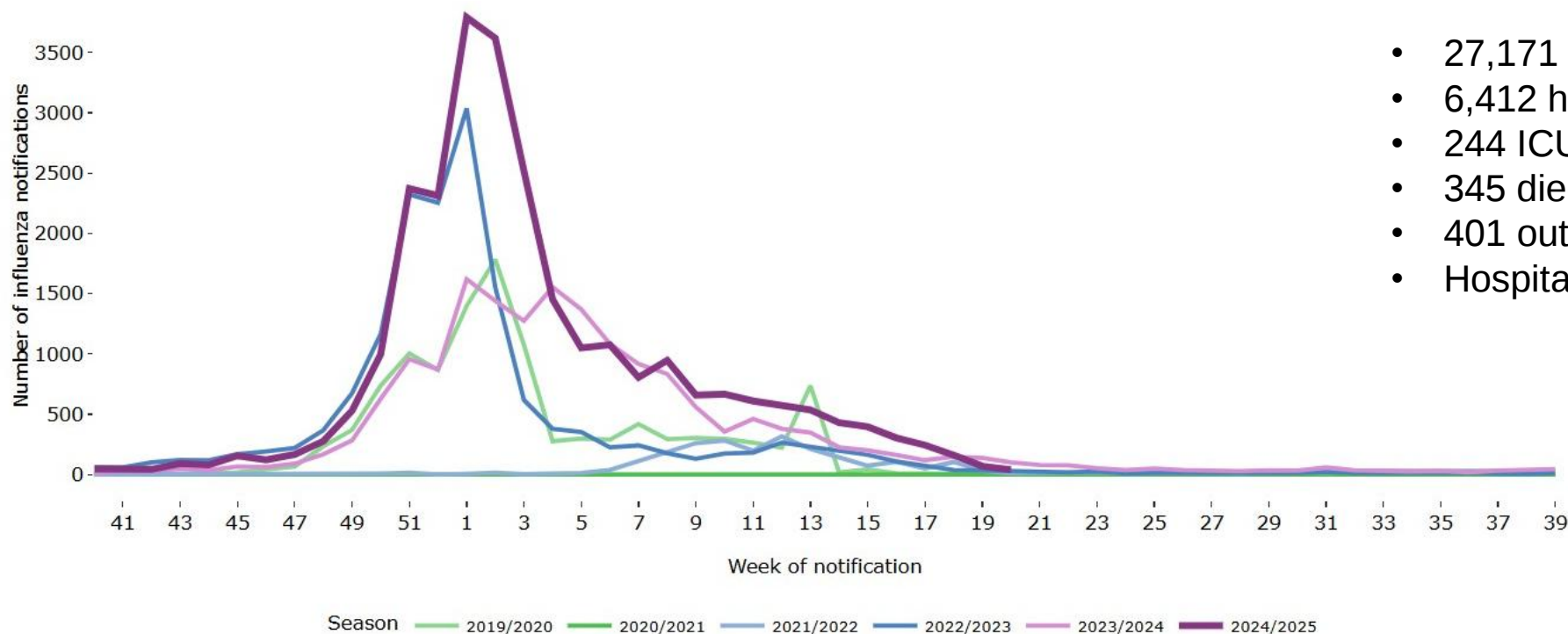
- The NIO are distinct from NIAC and from the Department of Health
- We do not make recommendations and we are not responsible for immunisation policy
- We support the implementation of national immunisation programmes
- The NIO cannot advise on:
 - Vaccination payment queries
 - Operational aspects of the implementation of immunisation programme
 - Complex clinical queries that require clinician oversight and governance
 - Vaccines outside of national immunisation policy e.g. shingles vaccine or travel vaccines



Influenza and COVID-19 activity and vaccine uptake: 2024/2025



Influenza activity: autumn/winter 2024/2025



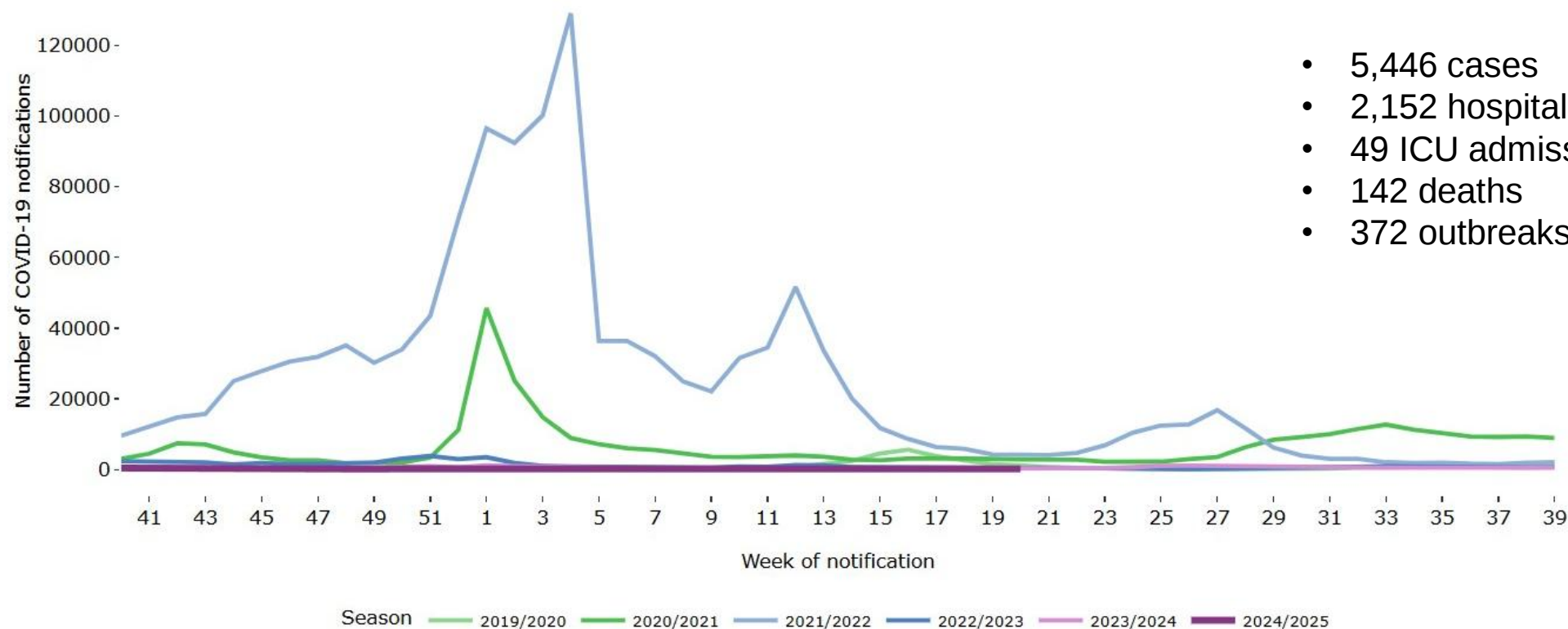
- 27,171 cases
- 6,412 hospitalisations (23.6%)
- 244 ICU admissions
- 345 died
- 401 outbreaks in healthcare settings
- Hospitals (40.9%)/Nursing homes (38.9%)

Figure 3: Number of notified cases of laboratory confirmed of influenza by notification week in Ireland between week 40 2019 and week 20 2025. Data source: CIDR

- The 2024/2025 influenza season was a severe influenza season, with higher hospitalisations, ICU admissions and deaths than recent seasons
- Influenza A(H1)pdm09 was the predominant virus circulating, followed by influenza B and influenza A(H3)



COVID-19 activity: autumn/winter 2024/2025



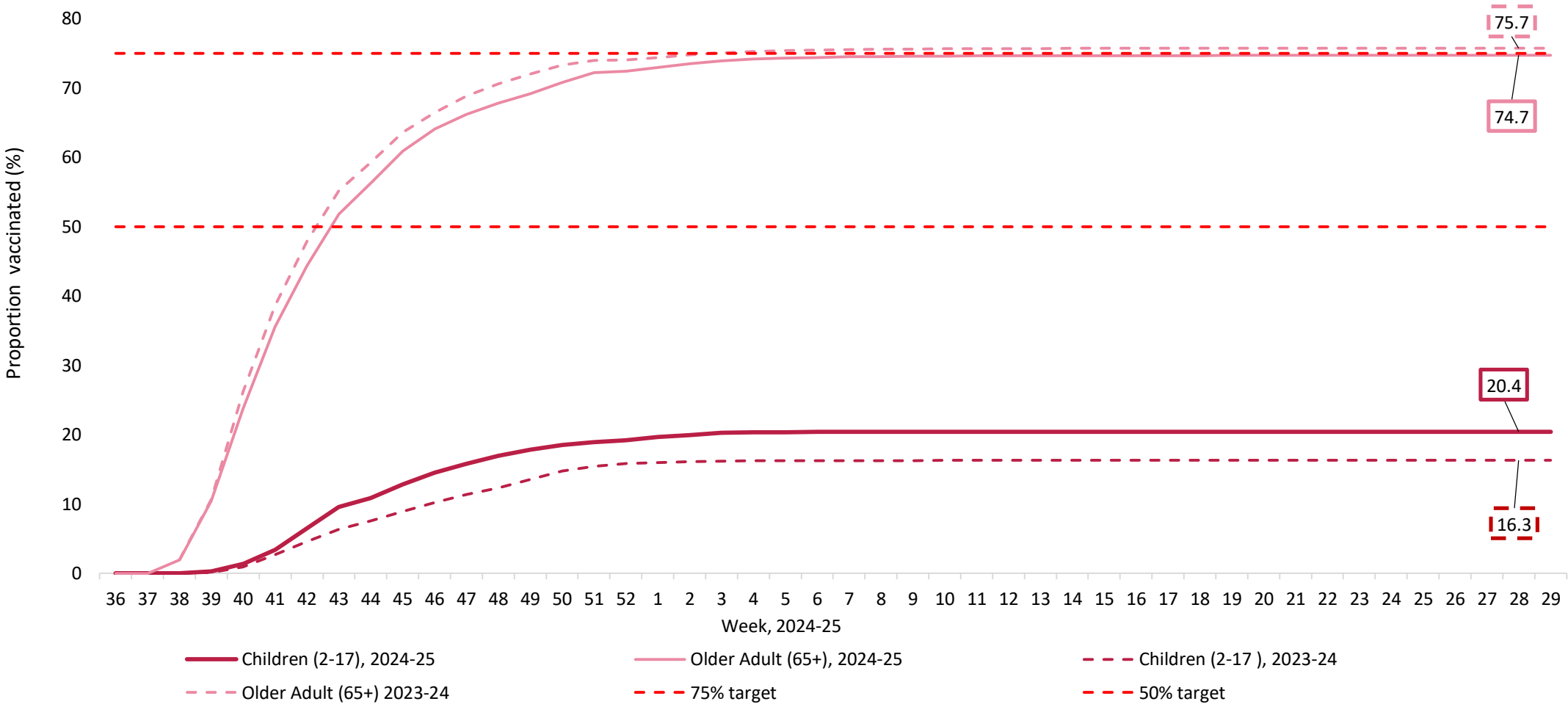
- 5,446 cases
- 2,152 hospitalised
- 49 ICU admissions
- 142 deaths
- 372 outbreaks in healthcare settings

Figure 2: Number of notified cases of laboratory confirmed of COVID-19 by notification week in Ireland between week 40 2019 and week 20 2025.
Data source: CIDR

- Milder COVID-19 season during 2024/2025, than previous winter seasons
- Cases, hospitalisations, ICU admissions and deaths were lower than previous winters



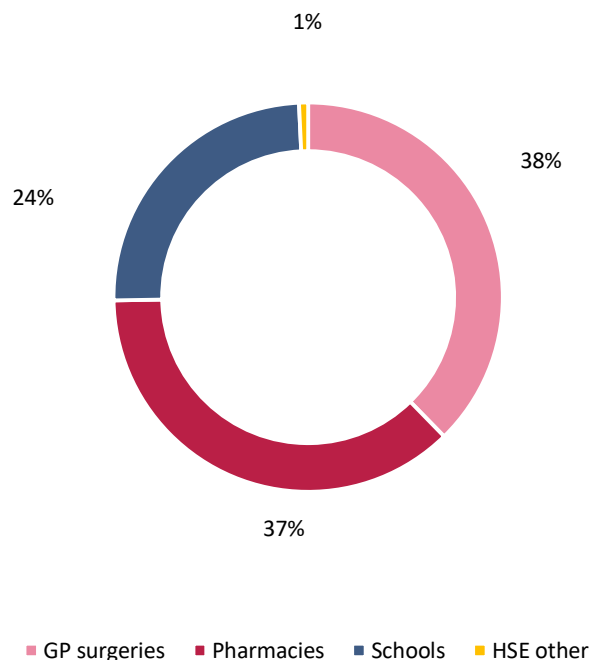
Influenza vaccination uptake, by age group, 2024*- 2025 season vs same period 2023-2024



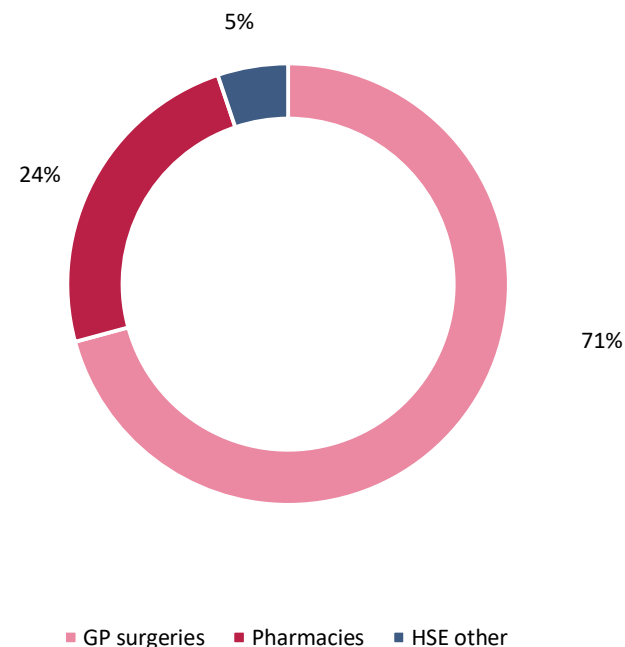
*Since 2nd September 2024
Data source: data extract of vaccinations from IIS.
Data source for denominator: HIU 2021 Popul Projection



Proportion of vaccinated people with flu vaccine, by age group and vaccination site, 2024*-2025 season



Aged 2-17yrs



Aged 60 yrs and over

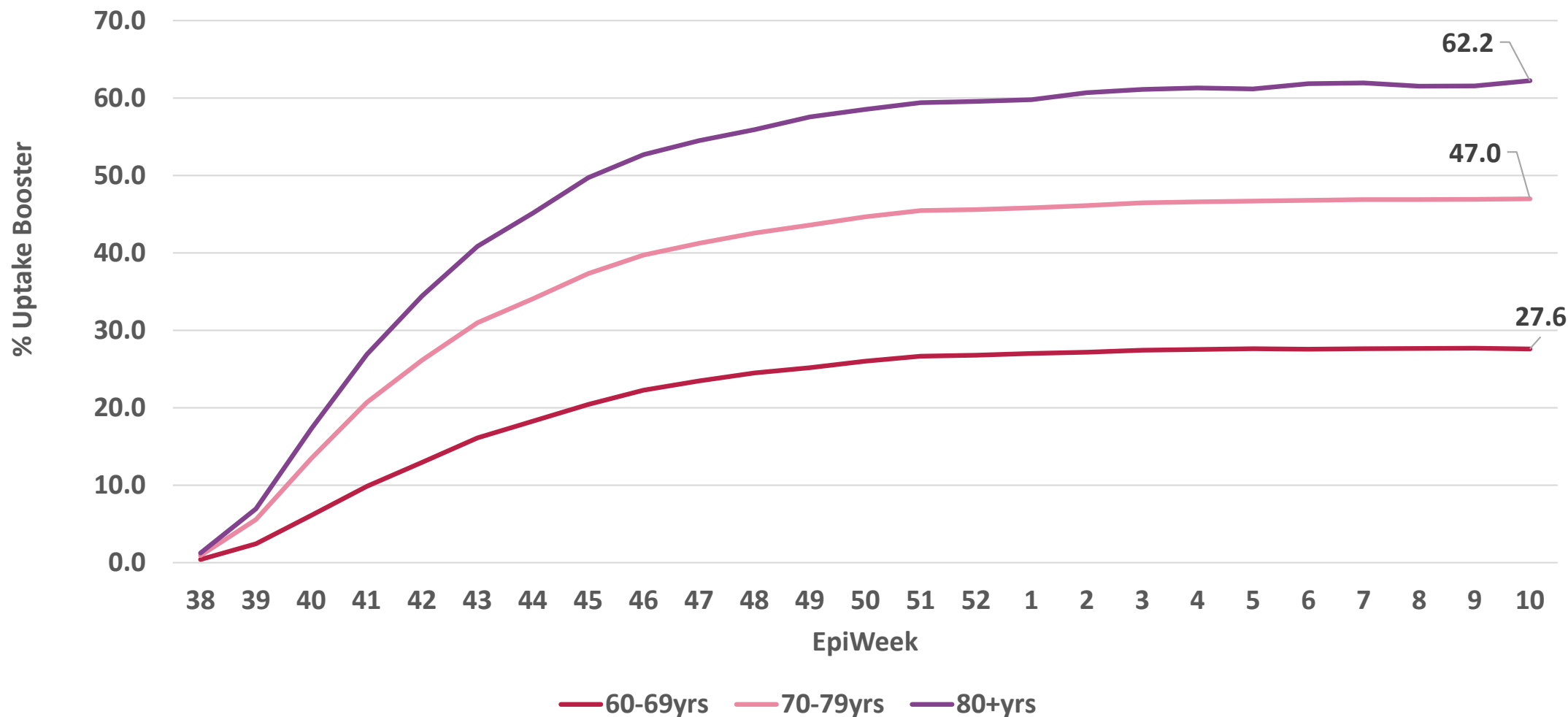
Since 2nd September 2024

Data source: data extract of vaccinations from IIS

Source HPSC 2025



Percentage of Winter 2024 COVID-19 Booster Doses by Age Group by Epi Week administered between 16/09/2024 and 09/03/2025 inclusive

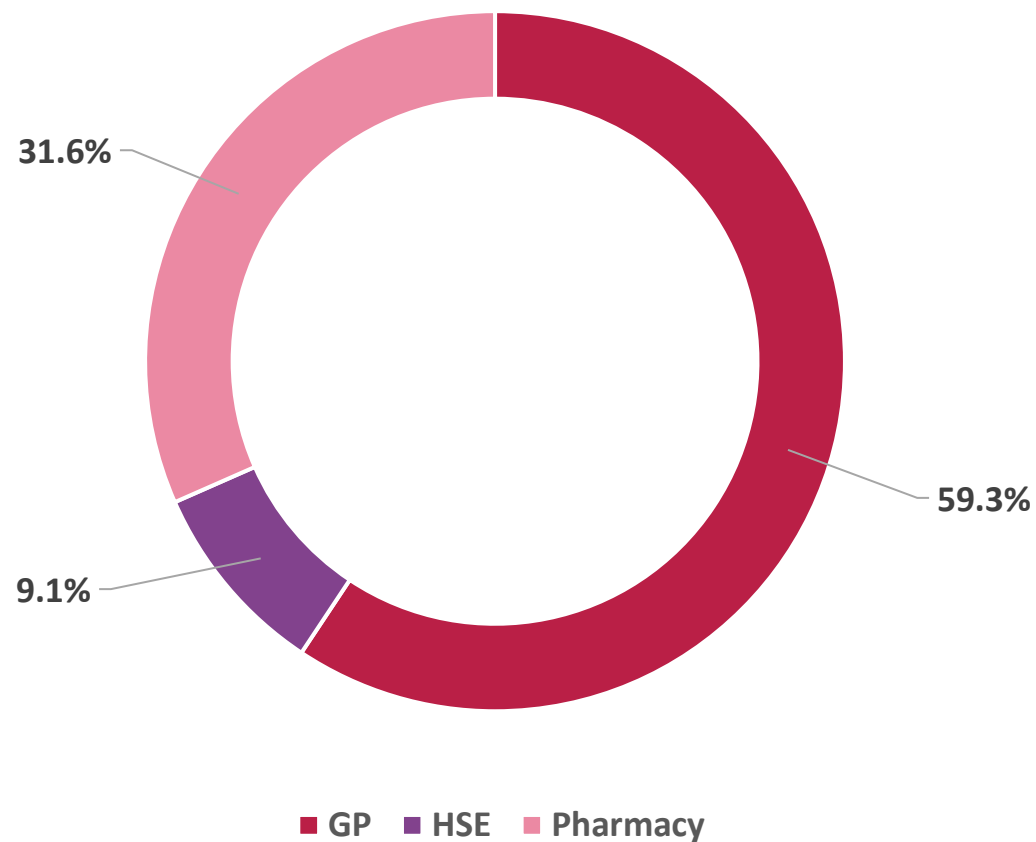


Age Group denominator based on census 2022

Source HPSC 2025



Percentage of Winter 2024 COVID-19 Booster Doses by Distribution Channel administered between 16/09/2024 and 09/03/2025 inclusive





Influenza and COVID-19: Programme overview



Programme overview: 2025/2026

What is the commencement date of the winter vaccination programme for influenza and COVID-19?

- The Winter Vaccination Programme for influenza and COVID-19 commenced on **2nd October**
- Vaccinations commenced when vaccination sites received vaccines and the vaccinators completed the necessary training
- Ideally the influenza vaccine should be given **early in the influenza season**
- For most people, COVID-19 vaccines can be given **at least 3 months** following the last SARS-CoV-2 infection or COVID-19 vaccination

How long will the programme run?

- There is no definitive end date to the Winter Vaccination Programme for influenza and COVID-19
- Further communication will be issued throughout the programme



Programme overview: 2025/2026

How will the programme be delivered?

- For those in recommended groups, the vaccines will be available free via GPs, Pharmacists, HSE vaccination teams and peer vaccinators (HCWs)
- GPs and Pharmacies are the primary channels for the general public
- HCWs should have access to vaccines in workplace and HCWs can also attend GP and Pharmacies
- HSE vaccination teams provide vaccine clinics on-site including RCFs, prisons, homes to housebound
- For LAIV in schools, the model is a mixed provider model
 - HSE vaccination teams, GPs, Pharmacists are giving LAIV in school to primary school age children
 - Within the 2-17 year age group, the youngest children are the most at risk and so primary school aged children (aged 5-12 years) are the priority group for vaccination
 - LAIV available for all aged 2-17 years for free in GP/Pharmacies



Influenza vaccination programme



Influenza vaccination programme



Flu Vaccine

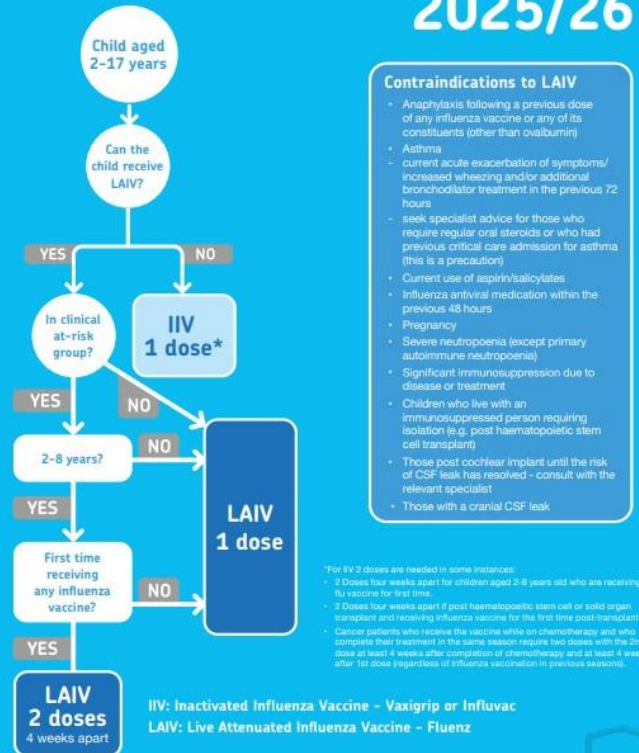
Information for
People at Risk



www.hse.ie/flu



Flu Vaccine for children 2025/26



hse.ie/flu
Order Code: HN101367



Flu Vaccine

Information for
Pregnant Women



www.hse.ie/flu



Rationale for vaccination: Influenza

- Influenza is highly infectious
- Illness is more severe in older people, people with immunocompromise, those with chronic heart, lung or neurological disease, in children aged 4 years or less and in pregnancy
- **80-90% of reported deaths from influenza occur in older people**, mainly from secondary bacterial pneumonia, but also from exacerbations of underlying disease such as chronic obstructive pulmonary disease or cardiac disease
- **Influenza vaccination is the best available protection against infection and serious complications**
- The effectiveness of the influenza vaccine can vary depending on circulating strains and it can be different in different population groups
 - For a given season, the vaccine effectiveness is not known until the season is over
- **However, influenza associated morbidity and mortality are significantly reduced in those who have been vaccinated**
- Vaccination of children protects children from influenza related morbidity and mortality
 - Vaccination also has benefits for older age groups by reducing transmission
- LAIV (Live Attenuated Influenza Vaccine) is more effective in children than inactivated influenza vaccines (IIV)
 - Since LAIV contains live attenuated viruses, it mimics natural infection, which induces more durable immune memory



Rationale for vaccination: Influenza

Why do people need to get vaccinated every year?

- Annual vaccination recommended because immunity declines during the year after vaccination and circulating strains of influenza virus change from year to year
 - Strains included in vaccine are based on advice from the World Health Organization (WHO)

How long does it take the flu vaccine to work?

- The flu vaccine starts to work within two weeks

Is the flu vaccine safe?

- The flu vaccine has been proven to be a safe vaccine, severe side effects are extremely rare
- Safety is closely monitored
- Flu vaccines have been given for more than 60 years to millions of people worldwide
- Further information around flu vaccine safety can be found in the Summary of Medicinal Products Leaflet on www.medicines.ie



What are the key changes in 2025/2026 season?

Influenza

- **All influenza vaccine formulations are trivalent vaccines**
 - Trivalent vaccines contain antigens from two type A and one type B influenza virus strains
 - **Trivalent inactivated vaccines are recommended by WHO for use in the 2025/2026 influenza season**
 - **Called inactivated influenza vaccine (IIV) – trivalent**
 - Last year the adult injectable vaccine was a Quadrivalent Influenza Vaccine (QIV)
 - WHO has concluded that B/Yamagata lineages are no longer circulating (last detected March 2020) and are unlikely to cause future epidemics
 - Therefore, inclusion of a B/Yamagata antigen component of influenza vaccine is no longer warranted
- **Some changes in the precautions to LAIV**
 - Inactivated influenza vaccines (IIVs) are preferred in certain **decompensating inherited metabolic disorders**
 - LAIV is **not contraindicated in those with stable, non-decompensating inherited metabolic disorders without associated immunocompromise** such as phenylketonuria, homocystinuria, galactosaemia, and some lysosomal storage disorders
 - If there is uncertainty around whether a child's diagnosis is considered a decompensating metabolic disorder, **advice should be sought from a treating specialist**
- All materials have been reviewed and updated to reflect changes



Who is recommended to get an influenza vaccine in autumn/winter 2025/2026?

- All aged 60 years and older
- All those aged 18 years and older living in residential care facilities for older people and other long stay facilities where rapid spread is likely to follow the introduction of infection
- All aged 6 months and older who is at increased risk of influenza related complications:
 - Cancer, Chronic heart disease, Chronic kidney disease, Chronic liver disease, Chronic neurological disease, Chronic respiratory disease, Diabetes and other metabolic disorders, including inherited metabolic disorders, Haemoglobinopathies, immunocompromise due to disease or treatment, Body mass index $\geq 40\text{kg/m}^2$, Serious mental health conditions, Children and adults with Down syndrome, Children with moderate to severe neurodevelopmental disorders, Children on long term aspirin therapy
- All children and young people aged 2 to 17 years
- All healthcare workers
- All pregnant women (at any stage of pregnancy)
- Carers and household contacts of people at increased risk of influenza related complications
- People with close, regular contact with pigs, poultry or water fowl

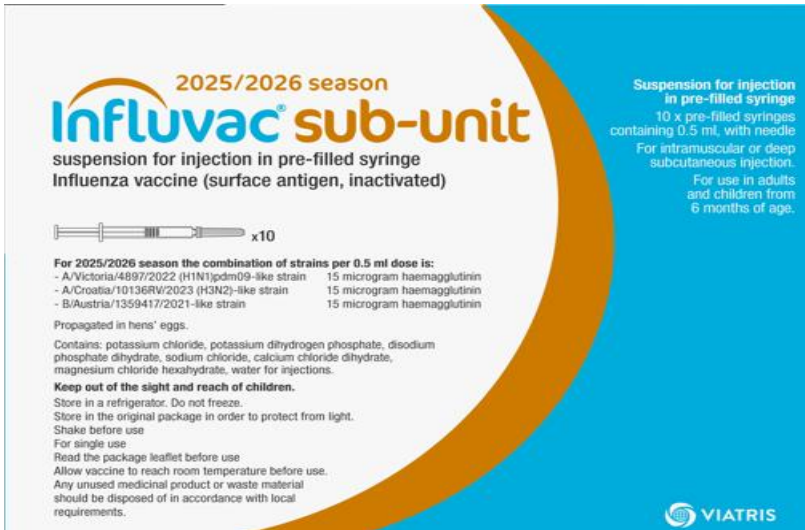


What influenza vaccines are available this year?

- Two types of influenza vaccines will be available for 2025/2026 HSE seasonal influenza vaccination programme
- 1. Live attenuated influenza vaccine (LAIV): **Fluenz® nasal spray suspension** manufactured by Astra Zeneca
 - This is a trivalent vaccine that is recommended for all children aged 2 to 17 years. It is packed in boxes of 10 applicators
- 2. Inactivated influenza vaccine (IIV) – trivalent
 - This is an injectable inactivated egg-based trivalent influenza vaccine
 - Two brands of this vaccine will be supplied – **Influvac sub-unit** (manufactured by Mylan/Viatris) and **Vaxigrip** (manufactured by Sanofi)
 - Both vaccines are packed in boxes of 10 prefilled syringes
 - IIV is licensed for those 6 months of age and older and is recommended for eligible populations, including children (aged 2 to 17 years) who have contraindications to LAIV.



Influenza vaccines: IIV



2025/2026
season

VAXIGRIP®

suspension for injection in pre-filled syringe

**Trivalent influenza vaccine
(split virion, inactivated)**

10 pre-filled syringes (0.5 mL) with attached needle

Intramuscular (IM) or subcutaneous (SC) use



sanofi

- For eligible people (aged 6-23 months and 18 years and older) and children contraindicated LAIV
- Suspension for injection in prefilled syringes
- A dose is 0.5ml given by intramuscular injection into the anterolateral thigh (children 6-35 months old) or deltoid (from 36 months of age)



Influenza vaccines: LAIV



- **LAIV is for eligible people aged 2 to 17 years**
- Supplied in a box containing 10 single vaccines
- Pre-filled nasal applicator
 - Each applicator contains 0.2ml nasal suspension
- Ready to use
 - No reconstitution or dilution needed
- Pale yellow, clear to opalescent; small white particles can appear
- **LAIV has a very short shelf life**
 - **The expiry date must be checked before administration**
 - The expiry date is written on the side of the nasal applicator and is the last date the vaccine can be administered
 - **Vaccines with the shortest expiry date must be used first**



Influenza vaccine storage: IIV and LAIV

- Influenza vaccines should be stored at +2°C to +8°C
- Keep the prefilled syringes in the outer carton in order to protect from light
 - Sensitive to heat and cold
 - Heat speeds up the decline in potency of most vaccines – reducing shelf life
- Do not freeze
 - If a vaccine has been frozen, it should not be used
 - Freezing may cause increased reactogenicity and a loss of potency for some vaccines and can also cause hairline cracks in the container, leading to contamination of the contents
- If vaccines are being transported off site they should be transported in a cool box +2°C to +8°C
 - Following the SOP
 - Guidance available
- Please check expiry dates prior to vaccine administration



Contraindications

Contraindications to all influenza vaccines:

- **Anaphylaxis** following a previous dose of influenza vaccine or any of its constituents (other than ovalbumin – see precautions)
- Those with **severe neutropenia** (absolute neutrophil count $<0.5 \times 10^9/L$) should not receive any vaccines, to avoid an acute vaccine related febrile episode
 - This does not apply to those with primary autoimmune neutropenia who can receive influenza vaccine unless contraindicated

LAIV is contraindicated in those aged 2-17 years:

- With **severe immunocompromise** due to disease or treatment (Chapter 3)
 - acute/chronic leukaemia, lymphoma, HIV positive not on highly active antiretroviral therapy, cellular immune deficiency, high dose steroids $\geq 0.5\text{mg/kg/day}$ in children weighing $<40\text{kgs}$ or other immunosuppressing drugs
- **Living with severely immunocompromised persons requiring isolation such as post haematopoietic stem cell transplant**
- Experiencing an **acute exacerbation of asthma**, including those who have had increased wheezing or needed additional bronchodilator treatment in the previous 72 hours
- **Taking systemic aspirin or other salicylates**, because of the association of Reye syndrome with salicylates and wild-type influenza infection
 - LAIV may be administered to children and adolescents receiving topical salicylate therapy for treatment of localised conditions



Contraindications

LAIV is contraindicated in those aged 2-17 years:

- Who have **taken influenza antiviral medication** within the previous 48 hours
- Who are **pregnant**
- Who are **post cochlear implant** until risk of a cerebrospinal fluid (CSF) leak has resolved - consult with the relevant specialist
- Who have a **cranial CSF leak**
- **IIV is recommended if LAIV is contraindicated (unless also contraindicated)**



Precautions

Precautions to all influenza vaccines

- **Acute severe febrile illness**, defer until recovery
- **Egg allergy**:
 - Those with confirmed egg anaphylaxis or egg allergy can be given influenza vaccine in a primary care or school setting with the exception of those who have required admission to ICU for a previous severe anaphylaxis to egg
 - LAIV has an **ovalbumin** content of ≤ 0.024 micrograms per dose
 - IIV-trivalent has an **ovalbumin** content of ≤ 50 nanograms per dose
 - LAIV is the preferred vaccine for children who have required admission to ICU for a previous severe anaphylaxis to egg as the intranasal route is less likely to cause systemic reactions; **it should be given in hospital**
 - Those requiring IIV who have had a previous ICU admission for a severe anaphylaxis to egg should be referred for specialist assessment with regard to vaccine administration in hospital
- Receiving **combination checkpoint inhibitor therapy** such as ipilimumab plus nivolumab
 - Because of a potential association with immune-related adverse reactions
 - Consult with the relevant specialist who may opt to administer influenza vaccine following an individual risk benefit assessment



Precautions

Precautions to LAIV

- Systemic salicylates should not be used for four weeks after vaccination unless medically indicated
 - As Reye syndrome has been reported following the use of salicylates during wild-type influenza infection
- Seek specialist advice for those who require regular oral steroids or who have previously required ICU care for asthma
- Inactivated influenza vaccines are preferred in certain decompensating inherited metabolic disorders
 - LAIV is **not contraindicated** in those with stable, non-decompensating inherited metabolic disorders without associated immunocompromise such as phenylketonuria, homocystinuria, galactosaemia, and some lysosomal storage disorders
 - If there is **uncertainty around whether a child's diagnosis is considered a decompensating metabolic disorder, advice should be sought from a treating specialist**



The following are not contraindications to LAIV

LAIV is not contraindicated in children aged 2-17 years:

- Living with HIV who are receiving antiretroviral therapy and attaining viral suppression
- Receiving topical or inhaled corticosteroids or low-dose systemic corticosteroids
- Receiving corticosteroids as replacement therapy, such as for adrenal insufficiency



IIV: Adverse reactions

Local

- Injection site pain, tenderness and swelling are very common in young children
- Injection site pain is very common in adults

General

- Irritability, drowsiness, myalgia are very common in young children
- Headache, myalgia and malaise are very common in adults

Very rare

- Immediate allergic reactions
- Very rare reports of Guillain-Barré syndrome (GBS) have been observed in the post-marketing setting following influenza vaccination
- The incidence cannot be estimated from known data
- The risk of GBS following influenza infection is several times greater than that following influenza vaccination



LAIV: Adverse reactions

- **Local**
 - Nasal congestion is very common
- **General**
 - Malaise is very common
 - Decreased appetite, headache, myalgia and fever are common
 - Fever is no more frequent than that following other recommended childhood vaccines, is generally mild and resolves in a few days
- **Very rare**
 - Immediate allergic reactions
 - Very rare reports of Guillain-Barré syndrome (GBS) have been observed in the post-marketing setting following inactivated influenza vaccination
 - The incidence following live influenza vaccination is not known



Post vaccination advice: LAIV

- Advise on possible adverse reactions
- Paracetamol or ibuprofen can be given for common side effects
- Avoid:
 - Aspirin/ salicylates for 4 weeks unless medically indicated
 - Reye's syndrome reported after salicylate use during wild-type influenza infection
 - Influenza antiviral medication for 2 weeks
 - Use of antiviral medication within two weeks after LAIV administration may adversely affect the effectiveness of the vaccine

For Children



Protect yourself.
Protect others.

Name: _____

Vaccination Date:
D D M M Y Y Y Y

Vaccine Given: **Fluenz** (Live Attenuated Influenza Vaccine)

Batch No: Expiry Date:
D D M M Y Y Y Y

Today your child received Fluenz nasal flu vaccine. Most children have no problem after this vaccine. Some children may get:

- a runny or blocked nose,
- headache or muscle aches,
- a fever (temperature) after the vaccine.



These are usually mild and only last a day or two.

If your child has a fever (temperature) or a headache you can give them paracetamol or ibuprofen.

Do not give your child aspirin or medicines called salicylates, unless they have been prescribed by a doctor. This is especially important in the 4 weeks after getting the vaccine. Serious side effects such as a severe allergic reaction are very rare.

Talk to your GP (doctor) or pharmacist if your child is very unwell after the vaccine, as it may be for some other reason.

Please visit www.hse.ie/flu for more information.

hse.ie/flu
Public Health Advice





Focus on LAIV programme in school settings



Delivering a safe, high quality LAIV programme in schools: Top tips

1 Resource Tool: Top Tips for delivering the LAIV (Live Attenuated Influenza Vaccine) Programme



Delivering the LAIV programme in school and community settings



In all settings (GP practices Pharmacies, schools), to deliver a safe and high quality LAIV programme, GPs, GP Nurses, Pharmacists and HSE vaccinators are required to

- Ensure that all professionals vaccinating have undertaken all relevant training that is required for their profession
- Administer vaccines aligned with the advice of the [National Immunisation Advisory Committee \(NIAC\)](#)
- Follow the advice provided in the HSE toolkits for the provision of vaccinations in Primary Schools or Community Settings and ensure that any local materials, policies and/or protocols that may be developed align with HSE advice
- Ensure that there is a robust process in place to obtain informed consent prior to vaccination and adhere to best practice aligned with the [HSE national consent policy](#)
- Ensure vaccines are stored correctly review the [HSE Guideline for maintaining the vaccine cold-chain in vaccine cool boxes](#) in advance
- Ensure vaccines are stored correctly and that the [HSE Guideline for maintaining the vaccine cold-chain in vaccine cool boxes](#) has been adhered to
- Correctly identify children and young people with contraindications to LAIV or children for whom two LAIV doses are required (refer to the [Immunisation Guidelines of Ireland](#) and email immunisation@hse.ie with any clinical questions)
- Check the child or young person's vaccination status on the day of vaccination
- Enter vaccination records on to the IT system that sends the record to NIIS (formerly COVAX) on the day of vaccination
- Check vaccine expiry dates prior to administration
- Provide post vaccination advice



In advance of attending the school

In school settings, to deliver a safe and high quality LAIV programme, GPs, GP Nurses, Pharmacists and HSE vaccinators are required to

- ☐ Identify primary schools as early as possible in the planning stage to allow sufficient time for the practical aspects of establishing vaccination clinics to be addressed
- ☐ Send vaccine information packs to the school for onward distribution to all parents. Parents/legal guardians should receive this pack through the schools.
- ☐ Ensure all consent forms are reviewed in advance of the vaccination clinic, before attending the school
- ☐ Ensure that there are sufficient clinical and administrative staff attending the school vaccination clinics
- ☐ Ensure that children and young people are correctly identified in advance of vaccination
- ☐ Provide the HSE with details of the schools where LAIV vaccines are being provided
- ☐ Offer LAIV to all children in all class groups in each participating primary school



Checklist for the day of vaccination

On the day of vaccination in all settings, for each child to be safely vaccinated, it is important to carry out the below checks in order to avoid vaccination errors

- ☐ Ensure that vaccines have been stored correctly and transported correctly (if relevant) adhering to HSE guidance
- ☐ Ensure that all children and young people are correctly identified in advance of vaccination
- ☐ Confirm that informed consent has been provided for each child to be vaccinated
- ☐ Confirm there are no contraindications to LAIV before each child is vaccinated
- ☐ Check the child or young person's vaccination status
- ☐ Check the vaccine expiry date before administration
- ☐ Enter vaccination records on to the IT system/NIIS(formerly COVAX)
- ☐ Record the vaccination on a vaccine record form and give to the child/parent/legal guardian to be taken home
- ☐ Provide the written post vaccination advice

Reporting side effects

If you think, you or your patient have had a side effect after receiving a vaccine, you can report it to the Health Products Regulatory Authority (HPRA) at www.hpra.ie. Your doctor, nurse, pharmacist or a family member can also report the side effect to the HPRA.

In the event that any vaccine errors occur, practice open disclosure and follow local reporting policies and procedures and contact immunisation@hse.ie for clinical advice



Delivering a safe, high quality LAIV programme in schools: Top tips

In all settings, to deliver a safe and high quality LAIV programme, GPs, GP nurses, Pharmacists and HSE vaccinators are required to:

- Ensure that all professionals vaccinating have undertaken all relevant training that is required for their profession
- Administer vaccines aligned with the advice of the [National Immunisation Advisory Committee \(NIAC\)](#)
- Follow the advice provided in the HSE toolkits for the provision of vaccinations in Primary Schools or Community Settings and ensure that any local materials, policies and/or protocols that may be developed align with HSE advice
- Ensure that there is a robust process in place to **obtain informed consent prior to vaccination** and adhere to best practice aligned with the [HSE national consent policy](#)
- Ensure vaccines are stored correctly and that the [HSE Guideline for maintaining the vaccine cold-chain in vaccine cool boxes](#) has been adhered to
- Correctly identify children and young people with contraindications to LAIV or children for whom two LAIV doses are required (refer to the [Immunisation Guidelines of Ireland](#) and email immunisation@hse.ie with any clinical questions)
- Check the child or young person's vaccination status on the day of vaccination
- Enter vaccination records on to the IT system that sends the record to NIIS (formerly COVAX) on the day of vaccination
- Check vaccine expiry dates prior to administration
- Provide post vaccination advice



Delivering a safe, high quality LAIV programme in schools: Top tips

In school settings, in addition to the above, to deliver a safe and high quality LAIV programme, GPs, Pharmacists and HSE vaccinators are required to:

- Identify primary schools as early as possible in the planning stage to allow sufficient time for the practical aspects of establishing vaccination clinics to be addressed
 - **GPs/Pharmacists asked to provide the HSE with details of the schools where they have agreed to provide LAIV vaccination, via the LAIV Schools Template**
 - **We are getting orders from providers that have not registered and this slows down the process**
- Send vaccine information packs to the school for onward distribution to all parents
 - Parents/legal guardians should receive this pack through the schools
- Ensure all consent forms are reviewed in advance of the vaccination clinic, **before attending the school**
- Ensure that there are sufficient clinical and administrative staff attending the school vaccination clinics
- Ensure that children and young people are **correctly identified in advance of vaccination**
- Provide the HSE with details of the schools where LAIV vaccines are being provided
- Offer LAIV to all children in all class groups in each participating primary school



Checklist for the day of vaccination

On the day of vaccination in all settings, for each child to be safely vaccinated, it is important to carry out the below checks in order to avoid vaccination errors:

- Ensure that vaccines have been **stored correctly and transported correctly** adhering to HSE guidance
- Ensure that all children and young people are **correctly identified** in advance of vaccination
- Confirm that **informed consent has been provided** for each child to be vaccinated
- Confirm there are **no contraindications to LAIV** before each child is vaccinated
- **Check vaccine expiry date** before administration
- **Check** the child or young person's **vaccination status**
- **Enter vaccination records** on to the IT system/NIIS/Formerly COVAX
- Record the vaccination on a vaccine record form and give to the child/young person/parent/legal guardian to be taken home
- Provide written post vaccination advice
- ***In the event that any vaccine errors occur, practice open disclosure and follow local reporting policies and procedures and contact immunisation@hse.ie for clinical advice***
- ***Report any adverse reaction following administration to the HPRA <https://www.hpra.ie/report-an-issue/medicines-for-human-use>***



How should I store and transport LAIV?

How should I store and transport the LAIV vaccine?

- Store in a refrigerator (+2°C to +8°C).
- Do not freeze
- Keep the nasal applicator in the outer carton in order to protect from light
- During vaccine transportation, vaccines should be maintained at a temperature of between +2°C to +8°C
 - Using a pharmaceutical grade cool box
- 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
 - At the end of this period, Fluenz should be used immediately or discarded

Who is eligible for two doses of LAIV?

LAIV

- A second dose of LAIV is of little added benefit to healthy children
- Healthy children should receive a single dose of LAIV
- Children aged from two years to less than nine years in a clinically at-risk group should receive two doses of LAIV, at least four weeks apart, **if receiving influenza vaccine for the first time or if their vaccination history is unknown**

Table 11.2 Schedule for live attenuated influenza vaccine (LAIV)

Age group	Number of doses
Children aged 2 to 17 years	One dose
Children aged 2 to <9 years in a clinically at-risk group (Table 11.3) ¹	Two doses ² four weeks apart, if: • receiving influenza vaccine for the first time or • influenza vaccination history is unknown.

1. LAIV is contraindicated in children with significant immunocompromise due to disease or treatment and those on certain medications. See [section 11.6.3](#) and [Chapter 3](#).
2. IIV-trivalent can be given for the second dose if LAIV is unavailable.

Some additional questions: LAIV

What happens if a child sneezes after getting LAIV?

- Administration does not need to be repeated if the child sneezes or blows their nose after LAIV administration

Do LAIV viruses cause influenza?

- LAIV viruses cannot cause influenza as they are cold adapted and cannot replicate efficiently at body temperature

Can a child living with someone who is immunocompromised receive LAIV?

- LAIV is contraindicated in children aged 2-17 years living with **severely immunocompromised persons requiring isolation** such as post haematopoietic stem cell transplant
- Millions of doses of LAIV have been administered in the US for over 10 years and serious illness amongst immunocompromised contacts inadvertently exposed to vaccine virus has never been observed
- There have been no reported cases of live vaccine virus transmission among healthcare workers
 - **Healthcare workers should ensure they are appropriately vaccinated against influenza**



COVID-19 vaccination programme



COVID-19 vaccination programme

[Immunisation](#)



Who we are	Public Information	Healthcare Worker Information	Information Materials	Immunisation websites	Glossary
------------	--------------------	-------------------------------	-----------------------	-----------------------	----------

[Immunisation](#) > [Healthcare Worker Information](#) > [COVID-19 Vaccine Information for Health Professionals](#)

- > [Who we are](#)
- > [Public Information](#)
- > [Healthcare Worker Information](#)
 - > [Vaccine Ordering and Storage](#)
 - > [Vaccine Ingredients](#)
 - > [Primary Childhood Schedule](#)
 - > [School Programme](#)
 - > [Mpox](#)
 - > [Flu Vaccination](#)
 - > [COVID-19 Vaccine Information for Health Professionals](#)
 - > [Data Quality](#)
 - > [Supporting Migrant Populations](#)
 - > [Other Vaccines](#)
 - > [FAQs](#)
 - > [Correspondence](#)
- > [Information Materials](#)

COVID-19 Vaccine Information for Health Professionals

Information for people getting vaccinated

> [Information about COVID-19 Vaccine from the HSE](#)

Information for Vaccinators

The National Immunisation Office is supporting the rollout of the COVID-19 vaccination programme by providing training and information materials.

National Immunisation Advisory Committee

The [National Immunisation Advisory Committee \(NIAC\)](#) (you will be directed to the HIQA website) is an independent body outside of the HSE. It comprises of representatives from a broad range of medical and healthcare organisations, who provide expert, evidence-based, impartial guidance to the Chief Medical Officer in the Department of Health.

Information prepared by the HSE

The following information has been prepared by the National Immunisation Office and other clinical experts. This information is updated regularly and we recommend you check this section often to ensure you have up to date and accurate information when vaccinating.

- > [E-Learning](#)
- > [Clinical Guidance](#)
- > [FAQs](#)
- > [SOPs](#)
- > [Medicine Protocols](#)
- > [Consent](#)
- > [Table of recommended groups for Flu and Covid-19 vaccines \(size 531.1 KB\)](#)



Winter vaccines available here

Flu and COVID-19 vaccines will give your immune system the top up it needs to help protect you from serious illness



Talk to your GP or Pharmacist about what vaccines are recommended for you.
Visit hse.ie or call HSELive on 1800 700 700 for more information.



Rationale for vaccination: COVID-19

- **Older age and underlying medical conditions** are associated with **increased risk of severe disease**
- COVID-19 vaccines are effective in preventing **hospitalisations, severe disease, death**
 - The **protection** that vaccines afford **against infection and mild disease is limited** and **wanes quickly**
- Protection against **severe disease is more durable** but it **wanes gradually over time**
 - Increasing the risk for those susceptible to severe disease as time from last vaccine increases
- Protection can be boosted either by vaccination or infection
- Hybrid immunity, the combination of protection from infection and vaccination, offers more durable and robust protection than either infection or vaccination alone
- Duration of protection of hybrid immunity against severe disease has been shown to persist for at least 12 months
- However, protection wanes more rapidly in older age groups
 - Particularly in those aged 80 years and older and in those with immunocompromise



Rationale for vaccination: COVID-19

- The overwhelming majority of **children and adolescents** who get SARS-CoV-2 infection experience a **mild self-limited illness**
 - However, the presence of a medical condition significantly increases the risk of COVID-19 hospitalisation, severe disease and death
- Since the emergence of the Omicron variant, the **severity of COVID-19 in pregnancy has declined**
 - COVID-19 vaccination remains safe in pregnancy, the benefits of COVID-19 vaccination are less pronounced than they were in previous eras
 - In pregnancy, certain groups continue to be at a higher risk of severe COVID-19, such as those with medical conditions associated with an increased risk of hospitalisation
- HCWs under the age of 60 years without comorbidities are now at **low risk of severe COVID-19**



What groups are recommended to get a COVID-19 vaccine in autumn/winter 2025/2026

- All aged 60 years and older
- All aged 18 years and older living in a long term care facility for older adults
- All aged 6 months and older with immunocompromise associated with a suboptimal response to vaccination
- All aged 6 months and older with a medical condition associated with a higher risk of hospitalisation, severe disease or death due to COVID-19:
 - Cancer, Chronic heart disease, Chronic kidney disease, Chronic liver disease, Chronic neurological disease, Chronic respiratory disease, Diabetes and other metabolic disorders, including inherited metabolic disorders, Haemoglobinopathies, Body mass index $\geq 40\text{kg/m}^2$, Serious mental health conditions, Children and adults with Down syndrome, Children with moderate to severe neurodevelopmental disorders
- Healthcare workers who are in the groups listed above are recommended to get a COVID-19 vaccine in autumn/winter 2025/2026
- Anyone aged over 18 years who is not in any of the groups listed above, can get a COVID-19 vaccine in autumn/winter 2025/2026 if they choose to, following discussion with a healthcare provider
- There should be at least a **3 month interval** between the last COVID-19 vaccine or the last COVID-19 infection before getting vaccinated
- Outside of the autumn/winter COVID-19 vaccination programme, COVID-19 vaccines should also be available where clinically indicated, including but not limited to pregnancy, previously unvaccinated, or new period of immunosuppression



What are the key changes in 2025/2026 season: COVID-19

The NIAC recommendations have been updated

1. A COVID-19 vaccine is recommended **twice each year** for:
 - all those aged 80 years and above
 - those aged 18 years and older living in long term care facilities for older adults
 - those aged 6 months and older with immunocompromise associated with a suboptimal response to vaccination
2. A COVID-19 vaccine is recommended **once each year** for:
 - all those aged 60-79 years
 - those aged 6 months and older with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death
3. A COVID-19 vaccine is recommended **in each pregnancy** for:
 - Pregnant adolescents and adults with immunocompromise
 - Pregnant adolescents and adults with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death



What are the key changes in 2025/2026 season: COVID-19

4. Access to a COVID-19 vaccine **once each year** should be available for:

- healthcare workers* who chose to receive a vaccine
- pregnant adolescents and adults* who following discussion with a healthcare provider, chose to receive a vaccine
- adults aged 18 years and older not included in the groups listed in points 1. or 2. who following discussion with a healthcare provider choose to receive a vaccine

* Pregnant adolescents and adults and ***healthcare workers who also fall into the risk groups outlined in 1. and 2. above should follow the corresponding recommendations***

5. Although there is no established COVID-19 seasonality, for operational reasons **autumn and spring continue to be the preferred time for COVID-19 vaccination campaigns**. Vaccines should also be available outside of defined seasonal campaigns where clinically indicated including but not limited to pregnancy, previously unvaccinated, or new period of immunosuppression
6. COVID-19 vaccines may be given irrespective of the number of previous doses or types of COVID-19 vaccines, with an interval of six-months recommended following any previous COVID-19 vaccine dose or SARS-CoV-2 infection. A **minimum interval of three months** is permissible in exceptional circumstances e.g., planned immunosuppressive therapy or operational reasons

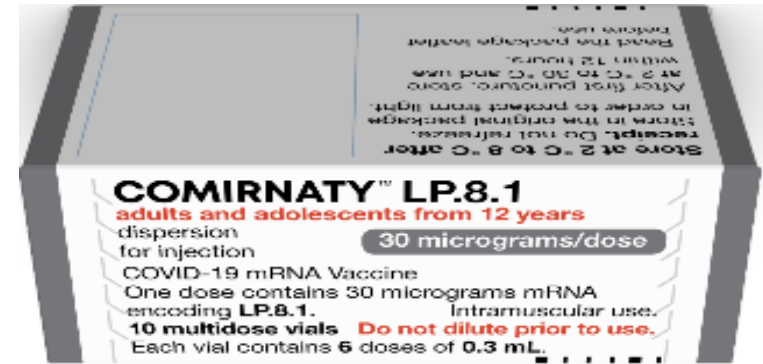
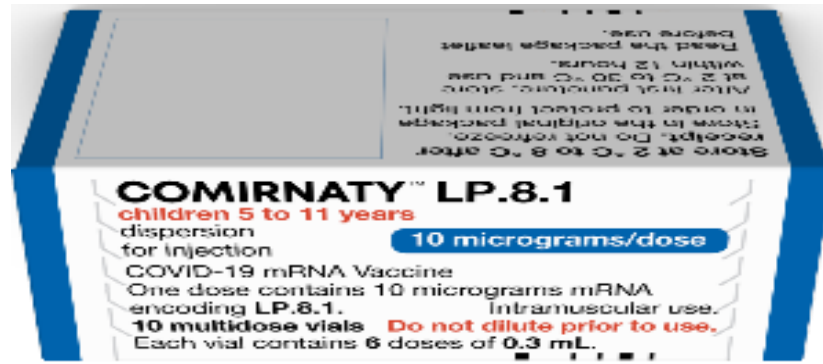
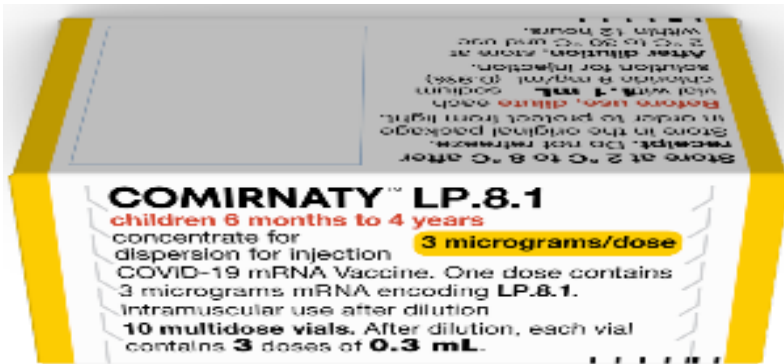
What are the key changes in 2025/2026 season: COVID-19

7. Antigenically updated COVID-19 mRNA vaccines are the preferred vaccine for use: Comirnaty LP.8.1
 8. Protein based vaccines may be used as alternatives in those for whom an mRNA vaccine is contraindicated or declined
 - Nuvaxovid (antigenically updated) is the preferred alternate
-
- **Nuvaxovid® (Novavax) is not currently available in Ireland**
 - The HSE has endeavoured to obtain supplies of Nuvaxovid® (Novavax) vaccine for the COVID-19 vaccination programme for those who have contraindications to mRNA vaccines or prefer non mRNA vaccines
 - Efforts are continuing to obtain supplies of the vaccine
 - People who require or request a non mRNA vaccine can be advised to phone HSELive at 1800 700 700 to be added to a list to be contacted if/when Nuvaxovid® (Novavax) becomes available.



What are the COVID-19 vaccines available?

- The National Immunisation Advisory Committee recommend antigenically updated COVID-19 mRNA vaccines for the autumn/winter programme in 2025/2026
- The vaccines available for all age preparations will be **Comirnaty LP.8.1** manufactured by Pfizer
- **Vaccines given in pharmacy settings to those aged 12 years and older**





COVID-19: mRNA vaccine contraindications

- **Anaphylaxis after an mRNA vaccine or anaphylaxis after polyethylene glycol (PEG)** such as, some bowel preparations for endoscopy, certain laxatives such as Movicol® / Laxido® etc
 - Discuss with allergist/immunologist
 - Consider vaccination with non mRNA COVID-19 vaccine in a suitable facility
 - Observe for 30 minutes
- **Anaphylaxis after trometamol**
 - Vaccinate with alternative vaccine



COVID-19: mRNA vaccine precautions

- **Acute severe illness**
 - Defer until recovery
- **Recent mpox vaccine**
 - Allow at least a 4 week interval between mpox vaccine and subsequent COVID-19 vaccine. No interval is required between COVID-19 vaccine and subsequent mpox vaccine
- **Anaphylaxis after multiple different drug classes, with no identified allergen (may indicate polyethylene glycol (PEG) allergy) or anaphylaxis after a vaccine or a medicine known to contain PEG or unexplained anaphylaxis (may indicate PEG allergy)**
 - Clarify if PEG is tolerated
 - Discuss with allergist/immunologist
 - Consider vaccination with non mRNA COVID-19 vaccine
 - Observe for 30 minutes
- **Previous history of myocarditis or pericarditis after any COVID-19 vaccine**
 - Consult with cardiologist



COVID-19: mRNA vaccine precautions

- **Children with a previous history of MIS-C**
 - Defer vaccination until clinical recovery or at least 3 months since diagnosis, whichever is the longer
- **Mastocytosis**
 - Vaccinate as scheduled Observe for 30 minutes
- **Idiopathic anaphylaxis or anaphylaxis after food, venom or medication**
 - Vaccinate as scheduled
 - Observe for 15 minutes



The following are not contraindications to COVID-19 vaccination

- Non-anaphylactic food allergy
- Family history of allergy, including anaphylaxis
- Previous local reaction to any vaccine
- Hereditary angioedema
- Contact dermatitis to polyethylene glycol (PEG) containing cosmetic product
- Underlying asthma
- Hay fever
- Non-steroidal anti-inflammatory drug (NSAID) allergy
- Chronic spontaneous urticaria

Those with the any of the above conditions can be vaccinated as scheduled and observed for 15 minutes



COVID-19: Adverse events

Local

- Very common: injection site pain, swelling
- Common: injection site redness

General

- Very common: irritability*, drowsiness*, arthralgia, chills, diarrhoea, fatigue, headache, myalgia, pyrexia
 - **Irritability and drowsiness are only very common in those aged 6 months to 4 years*
- Common: nausea, vomiting



COVID-19: Vaccine safety

- **Is the COVID-19 vaccine safe?**
 - More than 5.5 billion people worldwide have received at least one dose of a COVID-19 vaccine
 - The benefits of vaccination strongly outweigh any risks and in particular, the risk of becoming severely unwell due to COVID-19
 - The safety COVID-19 vaccines is closely monitored
 - The vaccines available in Ireland are recommended by the National Immunisation Advisory Committee (NIAC) and approved by the European Medicines Agency (EMA)



COVID-19: Vaccine storage

- From delivery by the manufacturer to the NCCS the vaccine is stored at -90°C to -60°C.
- The vaccine is supplied to sites/clinics by the NCCS at +2°C to +8°C
 - Shelf life of up to 10 weeks
- Vials should be stored in pharmaceutical fridge between +2°C to +8°C
- The new “USE BEFORE “date and time will be labelled on the box by NCCS
 - The vials must be used before the USE BEFORE date and time
 - Do not refreeze vials
- After first puncture, vial can be stored at temperatures of 8°C to 30°C for 12 hours



COVID-19: Doses

- Each vial contains 6 doses of 0.3ml
- An additional 7th dose may be possible
 - If the amount of vaccine remaining in the vial can provide a full dose of 0.3 ml, it is a valid dose and may be administered
 - To maximise the dose yield from a vial, use low dead volume syringes with needle attached
- Where possible, try to avoid opening a vial for just one person:
 - Organise vaccination appointments in tranches of 6 or 7 to minimise dose wastage
 - Opportunistic vaccinations, e.g., let medicines counter staff know when doses are remaining – then eligible patients who happen to be in the pharmacy could be offered a vaccination
 - Send reminders to the patients of their appointments
 - Have a stand-by list of patients who could be contacted for early vaccination rather than wait for their appointment, to use remaining doses



Summary of recommended groups



Recommended groups: Influenza and COVID-19 vaccines autumn/winter 2025/2026

Summary of groups recommended to receive influenza and COVID-19 vaccines in autumn/winter 2025/2026

Groups	Influenza vaccine	COVID-19 vaccine
≥60 years	Recommended for all	Recommended for all
2 to 17 years	Recommended for all	Recommended for those with immunocompromise or with an underlying medical condition
18 years and older living in long term care facilities for older adults	Recommended for all ¹	Recommended for all
6 months and older with immunocompromise ²	Recommended for all	Recommended for all
6 months and older with an underlying medical risk factor ²	Recommended for all	Recommended for all
Pregnancy	Recommended for all	Recommended if in another risk group ³ Available in each pregnancy for those who choose to receive a vaccine
Healthcare workers (HCWs)	Recommended for all	Recommended if in another risk group ⁴ Available in autumn/winter 2025/2026 for all HCWs who choose to receive a vaccine
Carers and household contacts of people with underlying chronic health conditions ⁵	Recommended for all	Not recommended unless in another risk group ⁴
People with close, regular contact with pigs, poultry or water fowl	Recommended for all	Not recommended unless in another risk group ⁴
Adults aged 18-59 years without underlying medical risk factors	Not recommended	One dose should be available each year for those who choose to receive a vaccine following discussion with a healthcare provider

¹An influenza vaccine is also recommended for those aged 18 years and older living in other long stay facilities where rapid spread is likely to follow the introduction of infection

²As defined in the NIAC chapters; COVID-19 Chapter 5a and influenza Chapter 11

³One COVID-19 vaccine dose is recommended in each pregnancy for those with immunocompromise or with medical conditions associated with severe COVID-19 infection as defined in the NIAC COVID-19 Chapter 5a

⁴Risk groups as defined in Chapter 5a of the NIAC Guidelines

⁵As defined in NIAC Influenza Chapter 11/



Co-administration



Co-administration of influenza & COVID-19 vaccines

- COVID-19 and adult seasonal influenza vaccines should be co-administered where practicable, to maximise uptake
- **Adults can get influenza and COVID-19 vaccines at the same time or at any interval**
- Co-administered vaccines should be given in different arms
- Vaccinees should be informed there may be a slight increase in short term mild adverse events after co-administration with a seasonal influenza vaccine
 - These include pain at the site of injection, fatigue, headache, and myalgia
- There are no safety or efficacy concerns with co-administration
- If administration in separate limbs is not feasible or desired, administration in the same limb, separated by at least 2.5cm, is appropriate



Co-administration

- There are limited data on co-administration of COVID-19 vaccines with influenza vaccines **in children**
 - Theoretically, co-administration may lead to higher rates of adverse events including fever
- As a precaution for children 6 months to 4 years other vaccines should be separated from **COVID-19** vaccines by 14 days
 - **Priority should be given to other routine childhood immunisations**
- **LAIV** can be given at the same time or at any time before or after any other live (e.g. MMR or varicella) or non-live vaccine
- If influenza vaccine is recommended for children aged 12-23 months of age, it should be separated from **PCV** vaccine by at least 1 week
 - This is because of a slightly increased risk of febrile convulsions if the vaccines are given at the same time in this age group
- Allow at least a 4 week interval between **Mpox** vaccine & subsequent COVID-19 vaccine
 - COVID-19 vaccines and other adult vaccines may be administered at the same time or at any interval
- **Before any vaccine co-administration check there are no contraindications or precautions to both vaccines**



Vaccine ordering and recording



Ordering and recording vaccines

- Vaccine orders opened week commencing 8th September 2025
- First deliveries to sites between 15th and 29th September 2025
- Vaccines should be ordered online (www.ordervaccines.ie) from the HSE National Cold Chain Service (NCCS) as per delivery calendar and before cut-off time
- You must ensure an order is placed before the cut off time on your delivery calendar as emergency deliveries cannot be facilitated
- All vaccine deliveries are fortnightly
- Please plan your clinics accordingly
- Before placing orders for influenza and COVID-19 vaccines, please ensure that you have removed all expired vaccines from your fridge (and return to NCCS in the normal way) and that you have the capacity to safely store all vaccines that are ordered
- Vaccines must be stored correctly and if vaccines are being transported off site, the [HSE Guideline for maintaining the vaccine cold-chain in vaccine cool boxes](#) must be adhered to
- As there are many providers of influenza and COVID-19 vaccines, it is essential that all vaccines given are recorded **accurately and promptly**, so that clinical records are kept up to date and two doses are not administered in error
- Vaccination status should also be checked before administering vaccines



Communication campaign



Communication campaign

- HSE Communications supports NIO each year with a multichannel national campaign to promote vaccination
- A comprehensive public communications campaign will promote awareness of winter vaccines and encourage uptake
- There will be traditional and digital channels used with targeted messages for the various recommended groups
 - Media and advertising, social media and direct messaging via email/SMS to those eligible
- Targeted communication to HCWs will be led by local communications and internal channels within the HSE will be used to encourage vaccination, including publishing HCW clinics
- The winter vaccination programme will promote the influenza and COVID-19 vaccines in all recommended and at risk groups
- **Includes messages on topping up vaccines**
- **Key messages**
 - Top up your protection for the winter months
 - Protect yourself from serious illness and hospitalisation
 - You can get your vaccine from participating GPs and pharmacies
- **Target audience**
 - Those eligible for Flu and COVID-19 vaccines
 - People over 60 and those who are immunocompromised





Resources and materials



Rialtas na hÉireann
Government of Ireland

Flu and COVID-19 vaccines available here

Flu and COVID-19 vaccines will give your immune system the top up it needs to help protect you from serious illness

Talk to your pharmacist about what vaccines are recommended for you.
Visit hse.ie or call HSELive on 1800 700 700 for more information.

Static image for
pharmacy screens



Winter vaccines available here

Flu and COVID-19 vaccines will give your immune system the top up it needs to help protect you from serious illness



Talk to your GP or Pharmacist about what vaccines are recommended for you.
Visit hse.ie or call HSELive on 1800 700 700 for more information.

Pharmacy poster



Reminders and resources

Reminder

- Post vaccination advice
 - Advise on possible adverse reactions
 - Report any adverse reaction following administration to the HPRA <https://www.hpra.ie/report-an-issue/medicines-for-human-use>
- All professionals vaccinating must ensure that they have **undertaken all relevant training** that is required for their profession
- It is essential that **informed consent is obtained prior to vaccination** aligned with the [HSE national consent policy](#).
- Vaccine **expiry dates should be checked** prior to vaccine administration
- **In the event that any vaccine errors occur, practice open disclosure and follow local reporting policies and procedures and contact immunisation@hse.ie for clinical advice**



Resources: NIO

- Information for healthcare professionals including digital versions of the leaflet and consent forms available on www.immunisation.ie
 - **Clinical guidance:** For COVID-19
 - **Algorithms:** For flu for all recommended groups and for children
 - **Leaflets:** For those at risk, including for flu for children, in pregnancy, for HCWs. Post Vaccination Advice leaflet for LAIV and COVID-19 leaflet
 - **Letters:** Letters for winter programme launch for GP and Pharmacists, letter to parents re LAIV
 - **Documents:** Toolkit/s to support administration of LAIV
 - **Frequently Asked Questions for healthcare professionals**
 - **Consent Forms:** LAIV consent form, general influenza vaccine consent form, COVID-19 consent forms, combined consent forms
 - **Medicine protocols:** IIV and LAIV and all COVID-19 vaccine preparations
- Summary of recommended groups <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/recommendedgroupscovid19andinfluenza.pdf>
- Resources available to order from healthpromotion.ie
 - Including LAIV packs for schools
 - Posters for flu and/or COVID-19 for those at risk, in pregnancy, HCW
- NIO developed E-learning modules available on LAIV and IIV and COVID-19 vaccines available on www.hseland.ie
- Email us (only for HCP clinical queries): immunisation@hse.ie
- The updated NIAC chapters for influenza and COVID-19 are available:
 - https://www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_05a_COVID-19.pdf
 - https://www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_11_Influenza.pdf
- Patient Information Leaflet and the Summary of Product Characteristics for each of the vaccines is available from www.hpra.ie



Resources: NIO

Respectful and collaborative conversation

The aim to bring the person towards the decision to vaccinate

Approach recommended by WHO

- Ask open-ended questions
- Affirm strengths
- Validate concerns
- Offer information on specific concern
- Check understanding
- Agree action



Cole JW, M H Chen A, McGuire K, Berman S, Gardner J, Teegala Y. Motivational interviewing and vaccine acceptance in children: The MOTIVE study. *Vaccine*. 2022 Mar 15;40(12):1846-1854. doi: 10.1016/j.vaccine.2022.01.058. Epub 2022 Feb 10.; *Vaccine*. 2022 May 31;40(25):3482. PMID: 35153096.

Use of the MOTIVE tool was associated with a statistically significant increase in immunisation coverage rate in children 6 months to 6 years of age (32.4% versus 43.9%, $p < 0.01$).



Additional resources

WHO

Conversations to Build Trust in Vaccination: A Training Module for Health Workers: World Health Organization

<https://global.cominit.com/content/conversations-build-trust-vaccination-training-module-health-workers>

Tailoring Immunization Programmes: World Health Organization

<https://www.who.int/europe/publications/i/item/9789289054492>

<https://www.who.int/publications/i/item/9789240049680>

<https://www.canvax.ca/health-worker-training-module-conversations-hesitant-caregivers>

ECDC

<https://www.ecdc.europa.eu/en/publications-data/tools-and-methods-promoting-vaccination-acceptance-and-uptake>



Recent Q&As



FAQs

[Immunisation](#)

[Who we are](#)[Public Information](#)[Healthcare Worker Information](#)[Information Materials](#)[Immunisation websites](#)[Glossary](#)

[Immunisation](#) > [Healthcare Worker Information](#) > [COVID-19 Vaccine Information for Health Professionals](#)

COVID-19 Frequently Asked Questions for Health Professionals

> [Who we are](#)

> [Public Information](#)

> [Healthcare Worker Information](#)

> [Vaccine Ordering and Storage](#)

> [Vaccine Ingredients](#)

> [Primary Childhood Schedule](#)

> [School Programme](#)

> [Mpox](#)

> [Flu Vaccination](#)

> [COVID-19 Vaccine Information for Health Professionals](#)

The following questions and answers have been developed by the National Immunisation Office to support health professionals offering COVID-19 vaccine

Select the topic for up to date information

[FAQs about COVID-19 vaccines for people aged 12 years and older](#)

[FAQs for children aged 5-11](#)

[FAQs for children aged 6 months to 4 years](#)

This page was updated on 5 September 2025

[Who we are](#)[Public Information](#)[Healthcare Worker Information](#)[Information Materials](#)[Immunisation websites](#)[Glossary](#)

[Immunisation](#) > [Healthcare Worker Information](#) > [Flu Vaccination](#) > **[Flu Frequently Asked Questions](#)**

Influenza FAQ 2025/2026

> [Who we are](#)

> [Public Information](#)

> [Healthcare Worker Information](#)

> [Vaccine Ordering and Storage](#)

> [Vaccine Ingredients](#)

> [Primary Childhood Schedule](#)

> [School Programme](#)

The following information has been developed to support healthcare professionals who are administering influenza vaccine and health professionals who are responding to queries about influenza vaccines for the 2025/2026 influenza season

The information has been divided into the following sections

- > [Section 1: General Information Seasonal influenza vaccination programme](#)
- > [Section 2A: Inactivated Influenza Vaccine \(IIV\)](#)
- > [Section 2B: IIV and Pregnancy](#)
- > [Section 3: Live attenuated influenza vaccine \(LAIV\)](#)
- > [Section 4: Adults aged 65 years and over and the pneumococcal vaccine](#)
- > [Section 5: Co-administration of vaccines](#)



FAQs

Who is recommended to get a COVID-19 vaccine in autumn/winter 2025/2026?

In autumn/winter 2025/2026, a COVID-19 vaccine (the antigenically updated mRNA vaccine, Comirnaty LP.8.1 vaccine) is recommended for the groups below.

Groups recommended to get a COVID-19 vaccine in autumn/winter 2025/2026

- › All aged 60 years and older
- › All aged 18 years and older living in a long term care facility for older adults
- › All aged 6 months and older with immunocompromise associated with a suboptimal response to vaccination
- › All aged 6 months and older with a medical condition associated with a higher risk of hospitalisation, severe disease or death due to COVID-19:
- › Cancer, Chronic heart disease, Chronic kidney disease, Chronic liver disease, Chronic neurological disease, Chronic respiratory disease, Diabetes and other metabolic disorders, including inherited metabolic disorders, Haemoglobinopathies, Body mass index $\geq 40\text{kg/m}^2$, Serious mental health conditions, Children and adults with Down syndrome, Children with moderate to severe neurodevelopmental disorders

As per the NIAC guidance, COVID-19 vaccines may be given irrespective of the number of previous doses or types of COVID-19 vaccines, with an interval of six-months recommended following any previous COVID-19 vaccine dose or SARS-CoV-2 infection. A minimum interval of three months is permissible in exceptional circumstances e.g., planned immunosuppressive therapy or operational reasons. **Therefore, there should be at least a three month interval between the last COVID-19 vaccine or the last COVID-19 infection before getting vaccinated.**

So anyone in the groups listed above are recommended a COVID-19 vaccine this Autumn/Winter, as long as it has been at least 3 months since their last COVID-19 vaccine or infection.



Summary of recommended groups: Influenza and COVID-19

Summary of groups recommended to receive influenza and COVID-19 vaccines in autumn/winter 2025/2026

Groups	Influenza vaccine	COVID-19 vaccine
≥60 years	Recommended for all	Recommended for all
2 to 17 years	Recommended for all	Recommended for those with immunocompromise or with an underlying medical condition
18 years and older living in long term care facilities for older adults	Recommended for all ¹	Recommended for all
6 months and older with immunocompromise ²	Recommended for all	Recommended for all
6 months and older with an underlying medical risk factor ²	Recommended for all	Recommended for all
Pregnancy	Recommended for all	Recommended if in another risk group ³ Available in each pregnancy for those who choose to receive a vaccine
Healthcare workers (HCWs)	Recommended for all	Recommended if in another risk group ⁴ Available in autumn/winter 2025/2026 for all HCWs who choose to receive a vaccine
Carers and household contacts of people with underlying chronic health conditions ⁵	Recommended for all	Not recommended unless in another risk group ⁴
People with close, regular contact with pigs, poultry or water fowl	Recommended for all	Not recommended unless in another risk group ⁴
Adults aged 18-59 years without underlying medical risk factors	Not recommended	One dose should be available each year for those who choose to receive a vaccine following discussion with a healthcare provider

¹An influenza vaccine is also recommended for those aged 18 years and older living in other long stay facilities where rapid spread is likely to follow the introduction of infection

²As defined in the NIAC chapters; COVID-19 Chapter 5a and influenza Chapter 11

³One COVID-19 vaccine dose is recommended in each pregnancy for those with immunocompromise or with medical conditions associated with severe COVID-19 infection as defined in the NIAC COVID-19 Chapter 5a

⁴Risk groups as defined in Chapter 5a of the NIAC Guidelines

⁵As defined in NIAC Influenza Chapter 11/



Recent Q&A

A primary school class is due to receive the 2nd MMR on October 23rd and I am due to administer the flu vaccine on October 9th. What is the minimum time between the two vaccines can be administered as both are live vaccines?’

- You can give the LAIV vaccine with or at any interval after the MMR vaccine
- LAIV vaccine is not given IM
- So you don’t need to wait 4 weeks to give the LAIV vaccine
- In NIAC guidance (Table 2.5): LAIV and MMR vaccine can be given at same visit or at any interval from each other

Table 2.5 Recommended intervals between vaccine doses

Antigen combination	Recommended interval between doses
MMR and yellow fever*	MMR and yellow fever should not be administered on the same day; they should be given ≥4 weeks apart
MMR and varicella	Can be given on the same day or ≥4 weeks apart
BCG, rotavirus, LAIV, MMR, oral typhoid vaccine, varicella, and yellow fever	Apart from the combinations listed in the two rows above, can be given on the same day or at any interval between doses
Non-live vaccines	May be administered simultaneously or at any interval between doses
Non-live and live vaccines	May be administered simultaneously or at any interval between doses



Recent Q&A

Can I confirm that LAIV is not contraindicated in a patient who has a household contact undergoing chemotherapy who is not in isolation?

- There is no issue giving this child LAIV (Fluenz) vaccine
- The LAIV nasal flu vaccine is contraindicated for those who live with severely immunocompromised persons requiring isolation (e.g. immediately in weeks after post haematopoietic stem cell transplant)
- This is covered in NIAC Chapter 11
https://www.higa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_11_Influenza.pdf
- So any children living with a person who is immunocompromised by treatment or disease may have the LAIV vaccine unless the person has to live in a total isolation room which is not the situation for the child
- The LAIV virus is cold adapted and so cannot cause infection



Thank you

Thank you for protecting our population from vaccine preventable diseases

