



Clinical update on the Influenza and COVID-19 vaccination programmes: Autumn/Winter 2026/2027

HSE National Immunisation Office
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Introduction

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Welcome

- If you have any immunisation-related clinical questions after the webinar please email immunisation@hse.ie (we do our best to reply within 5 working days)
- Webinar focused on clinical updates on the influenza and COVID-19 vaccination programmes for 2026/2027
- Operational/IT issues/Payment queries/Queries on private supply of vaccines are not covered by the NIO
 - Payment queries can be directed to PCRS/Primary care contractors
- The information on slides is correct as of date of presentation
- Please consult the NIAC guidelines and the NIO section on the HSE website 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

HE Agenda

- Influenza and COVID-19 activity and vaccine uptake 2025/2026 season
- Vaccination programme overview 2026/2027
- Influenza vaccination programme
 - Focus on LAIV programme in school settings
- COVID-19 vaccination programme
- Co-administration
- Summary of recommended groups
- Vaccine storage, ordering and recording
- Reminders
- Resources





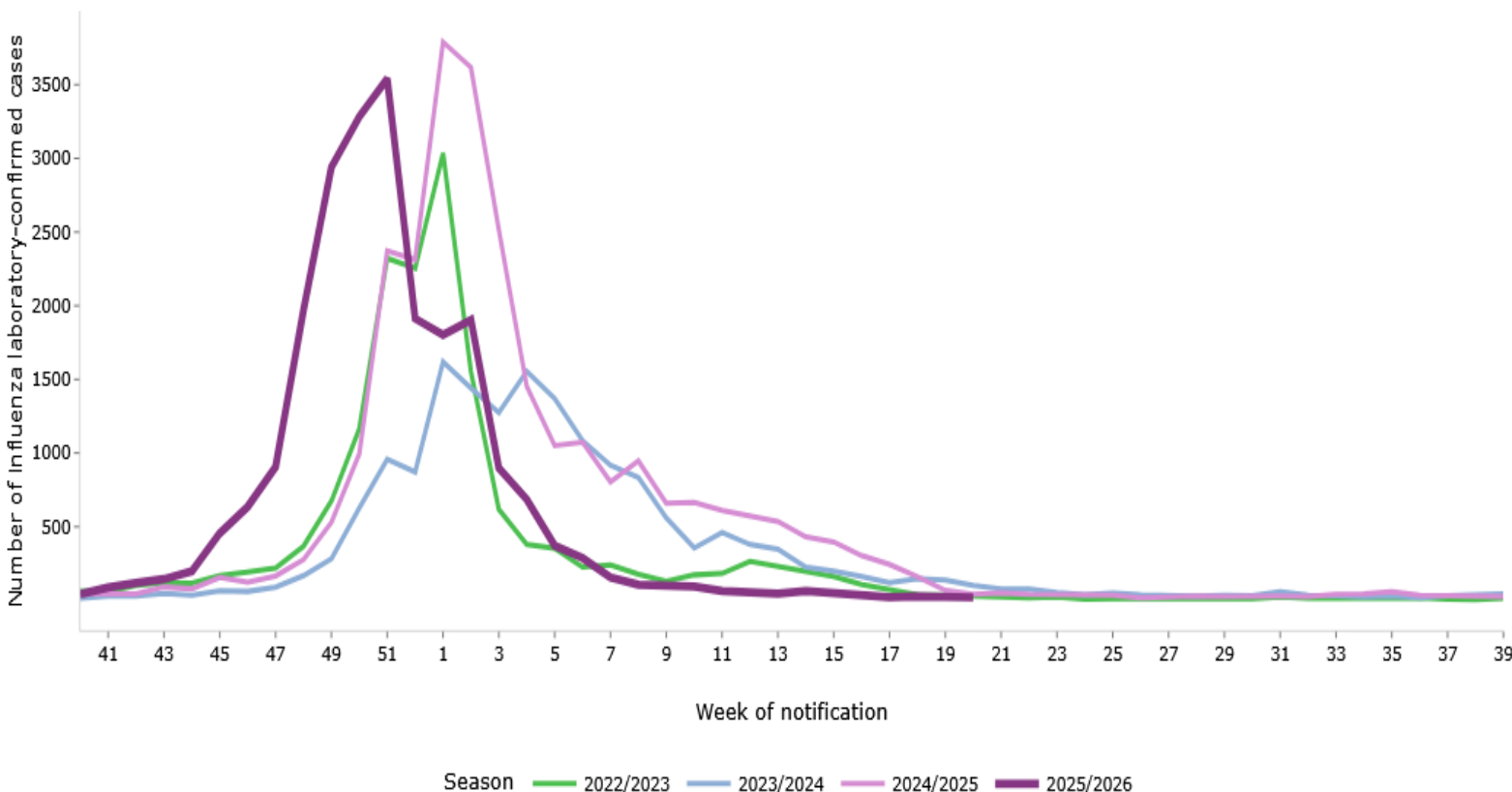
Influenza and COVID-19 activity and vaccine uptake: 2025/2026

KEY MESSAGE: Moderate and early influenza season – newly emerged and antigenically drifted influenza A(H3N2) **subclade K** predominated

Influenza hospitalisations, ICU cases and deaths reported at **lower levels** when compared to previous season

Key Epidemiological Indicators

- **24,946** Notified confirmed cases
- **5,946** Hospitalisations
- **185** ICU admissions – **67%** not vaccinated (where vaccination status known)
- **315** Deaths
- **461** Healthcare-setting outbreaks; 43% in hospitals; 40% in nursing homes



COVID-19 activity was at low levels during the entire season, with the lowest numbers of cases, hospitalisations, ICU admissions and deaths compared to recent seasons

Key Epidemiological Indicators

- **4,675** Notified confirmed cases
- **1,668** hospitalisations – **87% not vaccinated** (where vaccination status known)
- **31** ICU admissions – **95% not vaccinated** (where vaccination status known)
- **81** Deaths
- **175** Healthcare-setting outbreaks; 35% in hospitals; 42% in nursing homes

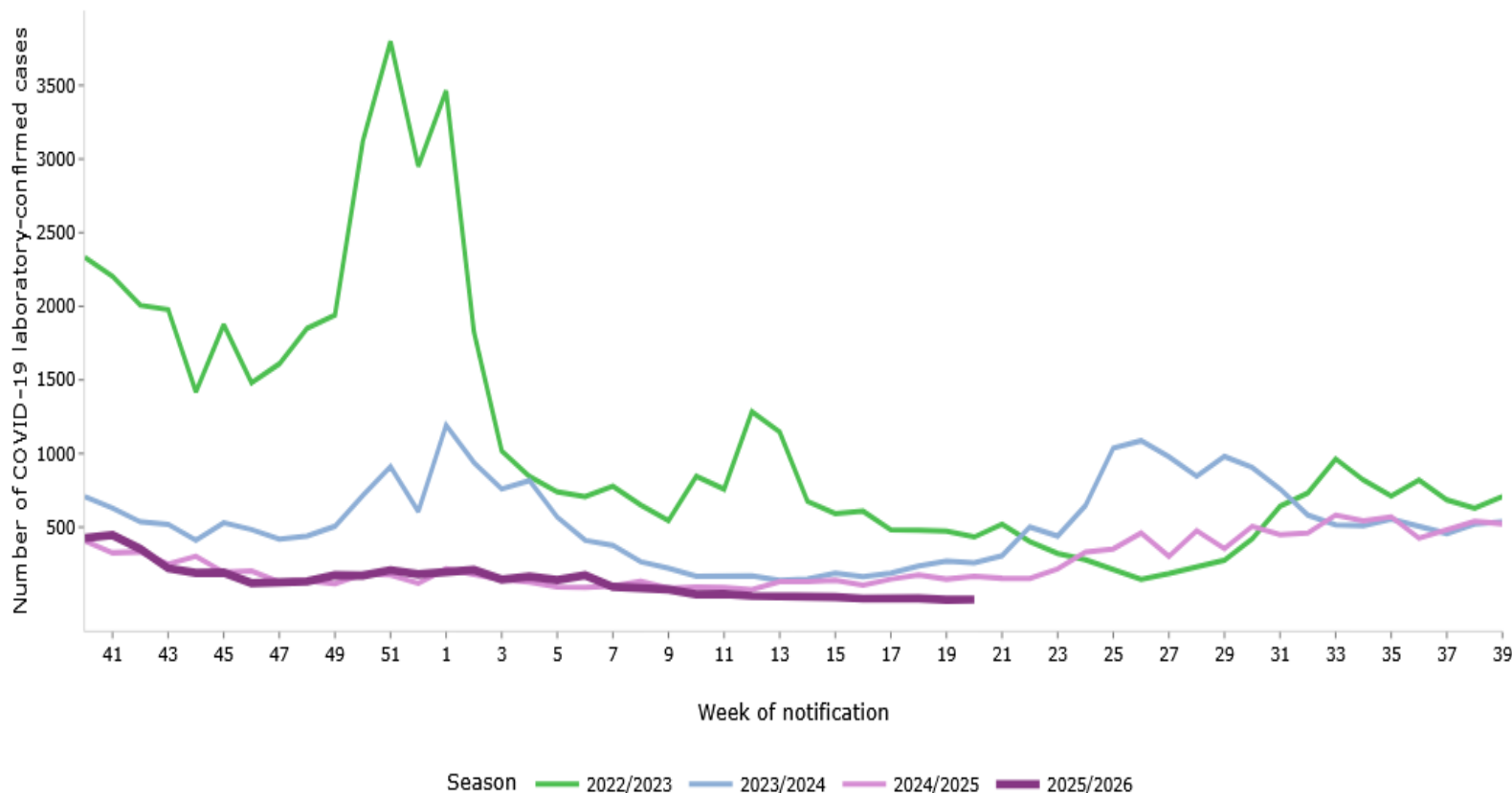


Figure: Number of notified cases of laboratory-confirmed COVID-19 by week of notification in Ireland, between week 40 2022 and week 20 2026. Data source: CIDR

Percentage of Influenza vaccines administered by vaccinator and age group in the 2025/2026 season

Percentage	
Vaccinator for those 2-17 years	
GP	33.8
HSE/Other	10.1
Pharmacy	56.1
Total	100.0
Vaccinator for those 60+ years	
GP	68.8
HSE/Other	4.8
Pharmacy	26.4
Total	100.0

Records are assigned to categories based on data system used to record Influenza vaccine data



Percentage of COVID-19 vaccines administered by channel of distribution and age group in the 2025/2026 Winter campaign

	Percentage
Vaccinator for those aged 60+ years	
GP	64.8
HSE Clinic*	6.9
Pharmacy	28.4
Total	100.0
Vaccinator for those aged 80+ years	
GP	66.6
HSE Clinic*	15.9
Pharmacy	17.5
Total	100.0

Records are assigned to categories based on data system used to record COVID-19 vaccine data



Thank you





Influenza and COVID-19: Programme overview



Programme overview: 2026/2027

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

- The influenza and COVID-19 vaccination programme will commence on **8th October**
- **Vaccinations can commence when vaccination sites have received vaccines** and the vaccinators have completed the necessary training
- The influenza vaccine should be given **early in the influenza season before flu begins to circulate**
- National Immunisation Advisory Committee (NIAC) recommend that when a person is eligible for both vaccines influenza and COVID-19 vaccines can be co-administered to maximise uptake

How long will the programme run?

- There is no definitive end date to the influenza and COVID-19 vaccination programmes
- Further communication will be issued throughout the programme



Programme overview: 2026/2027

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 (peer vaccinators) and HCWs can also attend GP and Pharmacies
 - HSE vaccination teams provide vaccine clinics on-site including LTRCFs, prisons, homes to housebound
- For LAIV in schools, the model is a mixed provider model
 - Pharmacists, GPs, HSE vaccination teams 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 as part of the school based programme
 - LAIV available for all aged 2-17 years for free in Community Pharmacies and in GP
- about.hse.ie/api/v2/download-file/healthcare_professional_publications/NCO-34-2026_Pharmacy_Circular_Autumn_Winter_Vaccina_p6pNMrP.pdf/



Programme overview: 2026/2027

What are the key changes in the influenza and COVID-19 vaccination programmes in 2026/2027?

- **Influenza**

- This year the enhanced adjuvanted influenza vaccine (aIIV), Fludax, is available and is recommended by NIAC **for those aged 65 years and older**

- **COVID-19**

- NIAC recommend the most antigenically updated vaccine and this is **Comirnaty XFG** for all vaccine preparations
- For those who cannot or who choose not to have an mRNA vaccine (Comirnaty), Nuvaxovid is recommended by NIAC
 - Those who wish to receive Nuvaxovid should be advised to contact HSELive to be added to a list to be contacted if/when Nuvaxovid becomes available



Key reminders/updates

Eligibility for aIIV

- **Adjuvanted (enhanced) inactivated influenza vaccine (aIIV) (Fluad®)** is recommended by the National Immunisation Advisory Committee (NIAC) **ONLY for those aged 65 years and older**
- **Fluad® must not be given to anyone aged less than 65 years and Fluad® (aIIV) must not be given to pregnant women**
- Please ensure that everyone in your practice or under your governance is aware of this

Supply of the standard inactivated influenza vaccine (IIV)

- This year, due to updates in the composition of IIV, there have been manufacturing challenges
 - As a result, deliveries to Ireland are phased
- **Tight stock management of IIV is essential to ensure that every site has a vaccine supply and can begin vaccinating those in the recommended groups**
- You can now order IIV as sites have been given an ordering allocation
 - Further allocations will be made at the end of October
- We would advise you to plan your clinics to ensure that those most at risk are protected first, and the remainder of eligible patients vaccinated once further supplies are received
- Please plan your vaccine clinics in line with your vaccine availability and delivery schedule



Influenza vaccination programme

Dr Eimear Hayes

Senior Medical Officer, National Immunisation Office



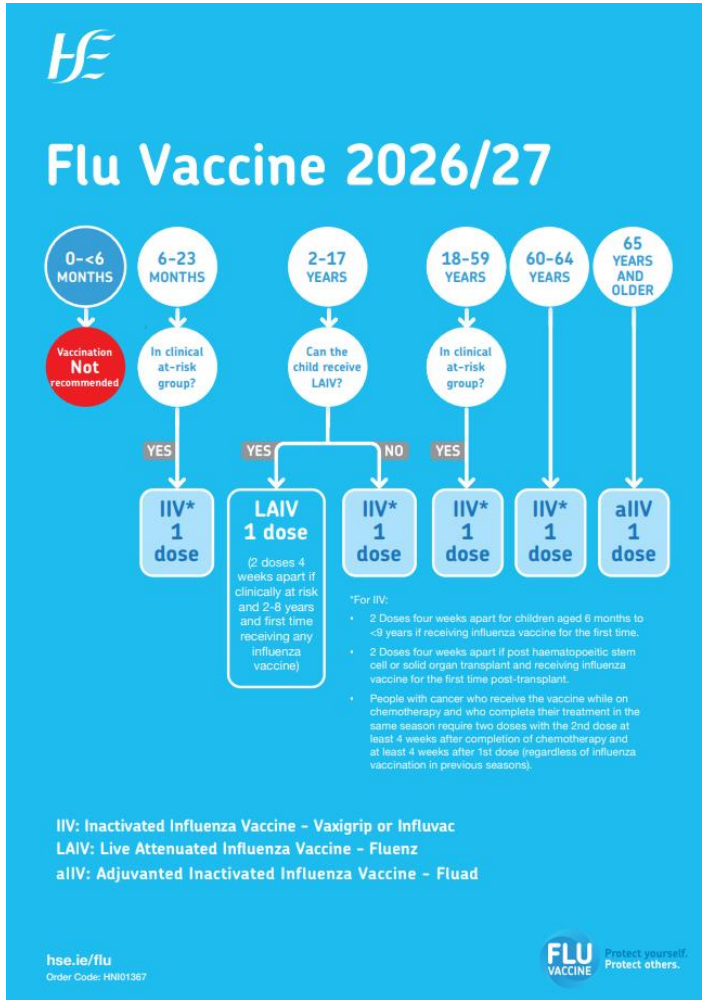
Influenza vaccination programme



QUICK REFERENCE GUIDE TO INFLUENZA VACCINES



Name of vaccine	Live attenuated influenza vaccine (LAIV) Fluenz nasal spray, suspension	Inactivated influenza vaccine (IIV) Influvac sub-unit suspension for injection in pre-filled syringe Vaxigrip suspension for injection in pre-filled syringe		Adjuvanted inactivated influenza vaccine (aIIV) Fluad suspension for injection in pre-filled syringe
Type of vaccine	Suspension Influenza vaccine (live, nasal), Reassortant influenza virus (live attenuated)	Influenza vaccine – surface antigen inactivated.	Trivalent influenza vaccine (split virion, inactivated).	Influenza vaccine (surface antigen, inactivated, adjuvanted). Adjuvant MF59C.1
Recommended groups	From 2 to 17 year olds	All adults aged 60-64 years Children aged 6 months to less than 2 years, and adults aged 18-59 in Eligible groups for 2026/2027 HSE influenza vaccination programme. Also, in children aged 2-17 years ONLY if contraindicated to receive LAIV.		All those aged 65 years and older
Interval	For those requiring 2 doses*: 4 week interval between doses Store and transport refrigerated (+2 °C to + 8 °C). Do not freeze. Keep the nasal applicator in the outer carton to protect from light.	For those requiring 2 doses**: 4 week interval between doses Store in a refrigerator (+2°C to + 8°C). Do not freeze. Store the pre-filled syringe in the original package in order to protect from light.		Not applicable (one dose only per flu season) Store in a refrigerator (+2 °C to +8 °C). Do not freeze. Discard if the vaccine has been frozen. Keep the pre-filled syringe in the outer carton to protect from light.
Supplied by National Cold Chain Services (NCCS)				
Storage	Nasal spray, suspension should be colourless to pale yellow, clear to opalescent. Do not use the vaccine if the liquid contents of the spray container appear discoloured. Small white particles may be present.	Suspension for injection in pre-filled syringe is colourless clear liquid. Shake before use. Inspect visually prior to administration. Do not use the vaccine if the colour has changed or foreign particles are present in the suspension.	Suspension for injection. Gently shake before use. After shaking gently, it should be a colourless opalescent liquid.	Suspension for injection in pre-filled syringe is Milky-white. Gently shake before use. After shaking, the normal appearance of the vaccine is a milky-white suspension.



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 them from influenza related morbidity and mortality
 - Vaccination also has benefits for older age groups by reducing transmission
- LAIV (Live Attenuated Influenza Vaccine) provides better protection to children than the injectable inactivated influenza vaccines (IIV)
 - Since LAIV contains live attenuated viruses, it mimics natural infection, which induces more durable immune memory



Questions about the influenza vaccine

Why do people need to get vaccinated every year?

- Annual vaccination recommended because the circulating strains of influenza virus change from year to year and as immunity declines during the year after vaccination
- 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.hpra.ie



Who is recommended to get an influenza vaccine in autumn/winter 2026/2027?

- All aged 60 years and older
 - The enhanced (adjuvanted) influenza vaccine is recommended for those **aged 65 years and older only**
 - **Please note-Fluad is not licensed for use in pregnant women**
- 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?

- Three types of influenza vaccine will be used in the influenza vaccination programme Ireland this season:
 - **aIV - An adjuvanted (enhanced) inactivated influenza vaccine** called Fluad.
 - This vaccine is recommended by the National Immunisation Advisory Committee (NIAC) only for those aged 65 years and older.
 - **IIV - Standard inactivated influenza vaccines** called **Influvac**, or **Vaxigrip** for:
 - All adults aged 60-64 years
 - Children aged 6 months to less than 2 years and adults aged 18-59 years with a condition that increases the risk of complications from influenza e.g., immunocompromise or an underlying medical risk factor, healthcare workers aged less than 65 years
 - **LAIV - A Live Attenuated Influenza Vaccine**. A nasal spray influenza vaccine called Fluenz.
 - Recommended by NIAC for all children aged 2-17 years



Questions about the influenza vaccine

What is the enhanced (adjuvanted) influenza vaccine and why is it recommended for those aged 65 years and older?

- NIAC recommends an adjuvanted inactivated influenza vaccine (aIIV) **for all those aged 65 years and older.**
 - This year the aIIV will be supplied as Fluad (a trivalent vaccine that contains the same strains as the standard influenza vaccine)
- In older adults the immune system may not respond as well to vaccines due to immunosenescence
 - aIIV is an enhanced influenza vaccine that contains an extra ingredient called an 'adjuvant' (MF59) to produce an enhanced immunological response
 - MF59 contains squalene a naturally occurring substance found in humans plants and animals
- The addition of an adjuvant increases the immune response in older adults compared with standard vaccines
- Adjuvants have been used safely in vaccines for many years
 - A higher incidence of mild post-immunisation reactions has been reported with adjuvanted compared to non-adjuvanted influenza vaccines.



Influenza vaccines: allV

FLUAD = ≥65 YEARS ONLY

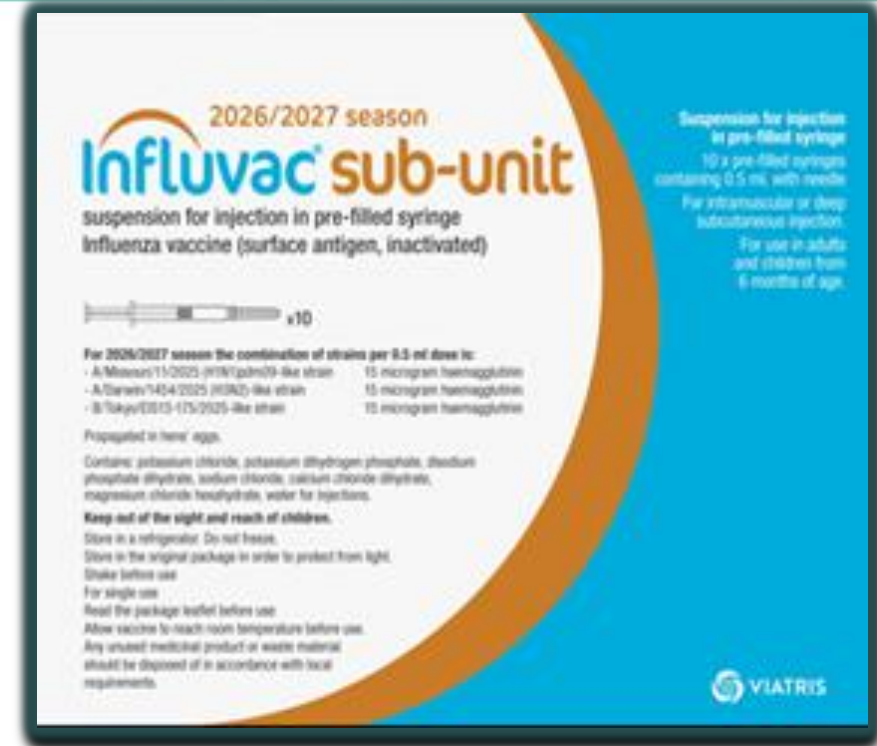
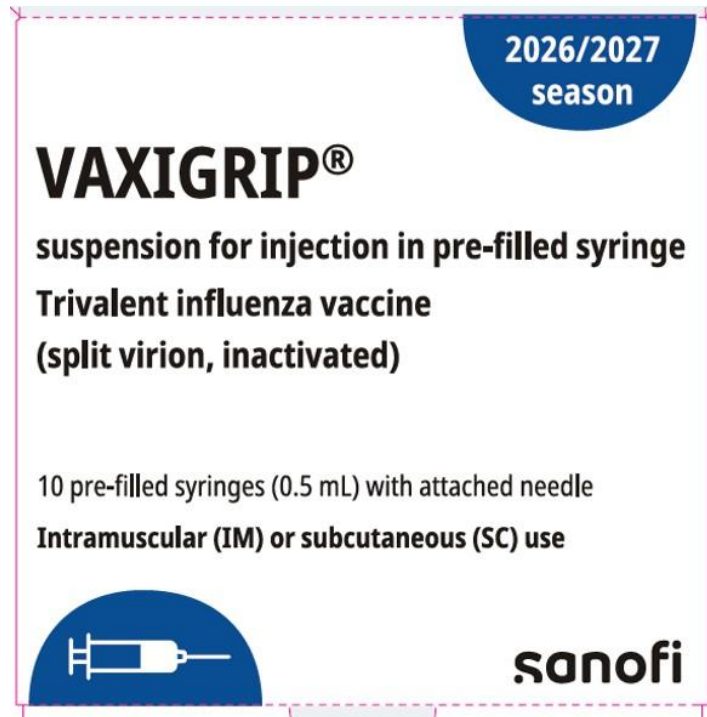


Adjuvanted Inactivated influenza vaccine

- Only for those 65 years and older
- Please note that the vaccine is licenced for those aged 50 years and older but it is recommended by the NIAC only for those aged 65 years and older



Influenza vaccines: IIV



- IIV is for eligible people aged 6-23 months and 18 years to 64 years
- IIV can also be given to children aged 2-17 years who have a contraindication to receiving LAIV or if LAIV is unavailable
- IIV is recommended for those aged 65 years and older if aIIV is unavailable



Influenza vaccines: LAIV



- **LAIV is for eligible people aged 2 to 17 years**
- Pre-filled nasal applicator
 - Each applicator contains 0.2ml nasal suspension
- **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**



Contraindications

Contraindications to all influenza vaccines:

- **Anaphylaxis** following a previous dose of influenza vaccine or any of its constituents (other than ovalbumin – see precautions)

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. Seek specialist advice for those who require regular oral steroids or who have previously required ICU care for asthma
- **Taking systemic aspirin or other salicylates**, because of the association of Reye syndrome with salicylates and wild-type influenza infection
 - Systemic salicylates should not be used for four weeks after vaccination unless medically indicated
 - 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. Administration of influenza antiviral medication within two weeks of vaccination may affect the response to the vaccine
- Who are **pregnant or breastfeeding**
- 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 all influenza vaccines (continued)

- Neutropenia is not an absolute contraindication to influenza vaccination.
 - People with chronic neutropenia and primary autoimmune neutropenia can receive influenza vaccine unless otherwise contraindicated.
 - Among people receiving chemotherapy, vaccine responses may be sub-optimal and vaccine should be administered at the point of least immunosuppression, for example before the start of a chemotherapy cycle. For people with chemotherapy-induced severe neutropenia ($\leq 0.5 \times 10^9/L$), vaccination should be deferred to avoid precipitating a febrile episode that may result in unnecessary investigations and treatment.

Precautions to LAIV

- 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



Focus on LAIV programme in school settings



Learning from Errors

- The school hall was full of the 60 first class students. The vaccination team was working hard to keep everything running smoothly for the nasal flu vaccine clinic in the school setting. The SNA that had been helping bring in the classes was new to the school and class.
- A vaccination team member called out for **Mia Murphy**, but in the rush, **Mya Murray** stood up instead. Nobody noticed that the **wrong child had been identified**.
- The vaccination process moved quickly. The vaccine was administered **Mya Murray**.
- After the clinic when putting the vaccine into the computerised system, another concern emerged. The consent form could not be found. Had it been completed? Had a parent provided permission? It became clear that there was no **valid consent for Mya Murray, but there was a consent form for Mia Murphy**
- Finally, when the vaccination was put into the IT record, one last issue appeared. The child **Mya Murray** had already received the same vaccine at another clinic just weeks earlier. This was a **duplication of the same vaccine when it was not clinically indicated**.
- One small oversight had become a chain of events.



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

<https://assets.hse.ie/media/documents/Toolkit-Flu-MVT-2026-2027.pdf>

<https://assets.hse.ie/media/documents/Toolkit LAIV Primary Care 2026 2027.pdf>



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
- 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>***



COVID-19 vaccination programme

Dr Louise Lyons Mehl

Senior Medical Officer, National Immunisation Office



COVID-19 vaccination programme



COVID-19
VACCINE

COVID-19 vaccines

Information about your
Comirnaty (**Pfizer**) vaccine

Version 5
September 2026



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.

HN101850



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**



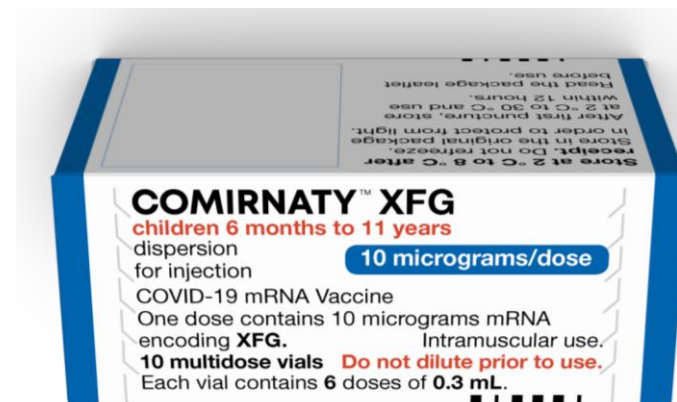
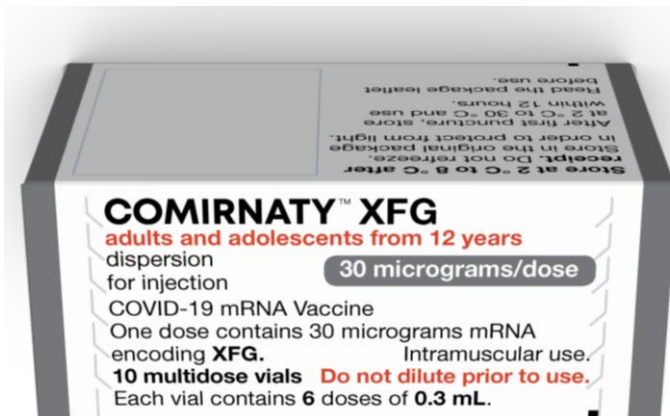
What groups are recommended to get a COVID-19 vaccine in autumn/winter 2026/2027

- 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 (HCWs) who are in the groups listed above are recommended to get a COVID-19 vaccine
- Anyone aged over 18 years who is not in any of the groups listed above (including HCWs), can get a COVID-19 vaccine 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 COVID-19 vaccines are available?

- The National Immunisation Advisory Committee recommend antigenically updated COVID-19 mRNA vaccines for the autumn/winter programme in 2026/2027
- The COVID-19 vaccination programme in Autumn/Winter 2026/2027 will offer two Comirnaty XFG vaccine preparations:
- For those aged 12 years and older: **Comirnaty XFG 30 micrograms**
- For those aged 6 months to 11 years: **Comirnaty XFG 10 micrograms**
- **Vaccines are given in community pharmacy settings only to those aged 12 years and older**





What are the contraindications to an mRNA COVID-19 vaccine?

- **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
- **Anaphylaxis after trometamol**
 - Vaccinate with alternative vaccine



What are the precautions to an mRNA COVID-19 vaccine?

- **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

What are the precautions to an mRNA COVID-19 vaccine?

- **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



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
- Of note, in adults-Flu, COVID-19 and PPV23 vaccines can be given at the same visit



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**



Summary of recommended groups



Who is recommended to get both an Influenza and COVID-19 vaccine this year?

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 2026/2027 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

- 1 An 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
- 2 As defined in the NIAC chapters; COVID-19 Chapter 5a and influenza Chapter 11 (and outlined in the table below). Further information also in Chapter 3 of the NIAC guidelines
- 3 One 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 and outlined in the table below). Please note that this recommendation is not just seasonal, a COVID-19 vaccine should be available at any time of the year. It can be given at any stage of pregnancy but ideally between 20 and 34 weeks' gestation
- 4 Risk groups as defined in Chapter 5a of the NIAC Guidelines (i.e. 60 years and older, those with immunocompromise and those with a medical risk factor/underlying medical condition are recommended to receive a COVID-19 vaccine in autumn/winter 2026/2027)
- 5 As defined in NIAC Influenza Chapter 11: A carer is someone who provides ongoing significant level of care to a person who is in need of care in the home due to illness or disability or frailty. Medical risk factors/Underlying health conditions are listed in the table below.



Vaccine storage ordering and recording

Eileen Butler

Chief I Pharmacist, National Immunisation Office



Good Housekeeping

- Pharmaceutical grade fridge, in good working order, with data logger that is independent of the fridge
- Schedule for downloading and reviewing temperature data
- Print off vaccine ordering and delivery calendar
- If vaccines are being transported off-site, they should be transported in a validated cool box +2°C to +8°C with temperature monitoring. Follow HSE guidance

[HSE Guideline for maintaining the vaccine cold-chain in vaccine cool boxes](#)

Vaccine management, storage and ordering

This page provides key guidance and resources for healthcare professionals supporting vaccine storage, handling and ordering. Please see the documents below for standard operating procedures and relevant forms.

- [Guidelines for maintaining the vaccine cold-chain in vaccine cool boxes \(SOP\) \(PDF, 800 KB, 16 pages\)](#)
- [Guidelines for maintenance of cold chain in vaccine fridges and management of vaccine stock \(PDF, 825 KB, 26 pages\)](#)
- [Maintaining a Vaccine Fridge Temperature During a Planned Power Cut \(PDF, 251 KB, 2 pages\)](#)
- [Outbreak Vaccine Order Form \(Word, 23 KB, 2 pages\)](#)
- [Vaccine return form \(Word, 31 KB, 1 page\)](#)
- [Product names of vaccines used in the Immunisation Schedule and available from the National Cold Chain Service \(PDF, 122 KB, 2 pages\)](#)



Good Housekeeping

- Save a patient, a colleague, yourself from a potential medication error! **Immediately** remove ALL of previous seasons' vaccines from all fridges in your site i.e.
 - ❑ All Covid-19 vaccines including LP.8.1, KP2, regardless of labelled expiry dates (this year's vaccine is Comirnaty XFG®)
 - ❑ All “orphan” Covid-19 vials that are not in their original box
 - ❑ All Influvac® and Vaxigrip® from previous winter campaigns
 - ❑ All Fluenz® from previous winter campaigns

Place them in a box, complete the vaccine return form and return them to the driver at your next NCCS delivery

At end of day, ensure that all opened vials are discarded and lock the fridge to prevent any accidental door opening.



Ordering vaccines

- Orders opened 7th Sept (LAIV, aIV); first deliveries from 14th Sept
- IIV available to order this week. Phased deliveries to Ireland this year
- Vaccines should be ordered online (www.ordervaccines.ie) from the HSE National Cold Chain Service (NCCS) as per your site's order and delivery calendar and before cut-off time. All vaccine deliveries are fortnightly.
- Ensure that you only order what quantity you can store correctly
- Please plan your clinics to align with vaccine stock levels. Emergency deliveries are only for clinical emergencies and cannot be facilitated for logistical reasons
- Tick box on website if consumables are required for Covid-19 vaccines (low deadspace syringes and low deadspace safety needles, swabs)
- Allocations for ordering are informed by last year's usage patterns. If service arrangements have changed and allocations are insufficient, please email vaccines@udd.ie with the details



Influenza vaccine storage

- All Influenza vaccines should be stored at +2°C to +8°C, in their original boxes to protect from light
 - Heat speeds up the decline in potency of most vaccines – may compromise the shelf life
- Do not freeze
 - If a vaccine has been frozen, it should not be used. Contact pharmacynio@hse.ie for advice.
 - Freezing may cause increased reactogenicity, a loss of potency for some vaccines and can also cause hairline cracks in the container, leading to contamination of the contents

Influenza vaccine storage

Fluenz®

- Very short shelf-life, requires careful stock management to use shorter-dated products first. First delivery to Ireland this year expires on **8/12/2026**.
- If exposed to any temperature excursion 8 °C to 25 °C, it must be either used within 12hrs or quarantined and returned to NCCS for destruction. If temperature excursion occurs, label any products affected with time/date/details.

Fluad®, Vaxigrip®, Influvac®

- If exposed to temperatures below 2 °C or above 8 °C, please quarantine, label vaccines and contact pharmacynio@hse.ie for advice



COVID-19: Vaccine storage

- Stored frozen once manufactured and in wholesalers – the printed expiry date reflects these conditions
- Once ordered, the vaccine is defrosted, overlabelled with “HSE Scan Me” labels that contains “**USE BEFORE “date and time** (Shelf life of up to 10 weeks)
- Supplied to clinics at +2°C to +8°C
- Do not refreeze vials
- After first puncture, ideally use immediately. The punctured vial can be stored in the fridge or at 8°C to 30°C for **12** hours but the microbial stability is the responsibility of the vaccinator.
- If unopened vial is exposed to temperatures 8 – 30 °C, use within 24hours; this includes the 12hr window once the vial is punctured.



Recording vaccination

- Vaccination status should be checked before administering vaccines
- 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
- Records are required
 - (a) As the patient record
 - (b) Detects if the incorrect vaccine was administered e.g. Covid-19
 - (c) Facilitates payment of service provider
 - (d) Demonstrates how many of vaccines distributed to each site were administered vs wasted



Learning from errors

- In advance of a clinic, Vaccinator removed 2 vials of Comirnaty® from the box in the fridge. The box had already been opened
- At the end of the clinic, the Vaccinator retained the empty vials and sat down to record the vaccinations
- Vaccinator was very experienced and knew that batch number of Comirnaty does not change frequently. Recorded all patients as receiving that season's variant and batch number
- When Vaccinator then checked the empty vials, realised that one of them was a previous season's Covid variant but was "in date".
- Looked again on the IT system and could not locate the product to correct the entry
- Contacted the NIO for assistance
- What errors were made in this scenario? What might the consequences be?



Learning from errors

► Fridge has not been cleared of expired vaccines and older Covid variants at the start of the season

- In advance of a clinic, Vaccinator removed 2 vials of Comirnaty® from the box in the fridge. The box had already been opened

► Someone had not replaced a Comirnaty® vial back into its original box but put it into a different box

- At the end of the clinic, the vaccinator retained the empty vials and sat down to record the vaccinations

► Risks associated with not recording in real time

- Vaccinator was very experienced and knew that batch number of Comirnaty does not change frequently. Recorded all patients as receiving that season's variant and batch number

► Vaccinator made assumptions that all vials were from current season's variant and all in date

- When Vaccinator then checked the empty vials, realised that one of them was a previous season's Covid variant but was "in date".

► Vial removed from original box so "Use By" date information lost to the Vaccinator

- Looked again on the IT system and could not locate the product to correct the entry

► Old variants not available on NIIS to aid correct data entry. Often, this is the first clue that something is wrong

- Contacted the NIO for assistance



Reminders

Dr Louise Marron

Consultant in Public Health Medicine, National Immunisation Office



Tips for planning and delivering the vaccination programme

- All professionals vaccinating must ensure that they have **undertaken all relevant training** that is required for their profession
- **Remove all expired vaccines** including previous seasons influenza and COVID-19 vaccine stock
- **Remove all older variant COVID-19 vaccines** used for previous campaigns
- Place expired/older vaccines in a box with completed returns form and store securely until returned to the HSE National Cold Chain Service
- Vaccine deliveries will be fortnightly from mid-September once the order has been placed in time as per your calendar
 - Ensure you have adequate pharmaceutical fridge space for arriving vaccines
- Vaccine **expiry dates should be checked** prior to vaccine administration
- It is essential that **informed consent** is obtained prior to vaccination aligned with the [HSE national consent policy](#)
 - If attending a school to administer LAIV, ensure that all consent forms are reviewed in advance of attending the school



Tips for planning and delivering the vaccination programme

- As there are many providers of influenza and COVID-19 vaccines, it is essential that all vaccines given are recorded accurately
 - **Records of vaccine administration should be entered at the time of vaccination so that clinical records are kept up to date**
 - This will avoid the potential for two doses of the same vaccine to be administered in error
 - This includes when children are vaccinated with LAIV in school
- **Vaccination status must be checked before administering vaccines** to ensure that a dose of the vaccine has not been administered previously during the season
- **Post vaccination advice** should be given
 - 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>



What to do if a vaccine error occurs

- Email immunisation@hse.ie for clinical advice
- Practice open disclosure with the patient/parent/legal guardian.
 - HSE Open disclosure policy <https://www2.healthservice.hse.ie/organisation/nqpsd/featured-articles/hse-open-disclosure-policy-2025/>
- Report any adverse reaction to the HPRA and advise the patient/parent/legal guardian that they can also report any adverse reaction to the HPRA <https://www.hpra.ie/report-an-issue>
- In addition you should follow your local incident reporting system to put measures in place to prevent similar errors occurring in the future
 - For HSE staff the HSE Incident management Framework is available at https://assets.hse.ie/media/documents/HSE_2020_incident_management_framework_guidance.pdf



Resources



Resources

- Information for healthcare professionals
 - <https://healthservice.hse.ie/staff/information-healthcare-workers/national-immunisation-office/influenza-flu-and-covid-19-vaccination-programme-20262027/>
 - **Algorithms:** For flu for all recommended groups and for children
 - **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:** aIIV/IIV and LAIV and all COVID-19 vaccine preparations
 - **Summary of recommended groups**
- 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 aIIV/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
- **HSE Consent Policy** available here: <https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/>

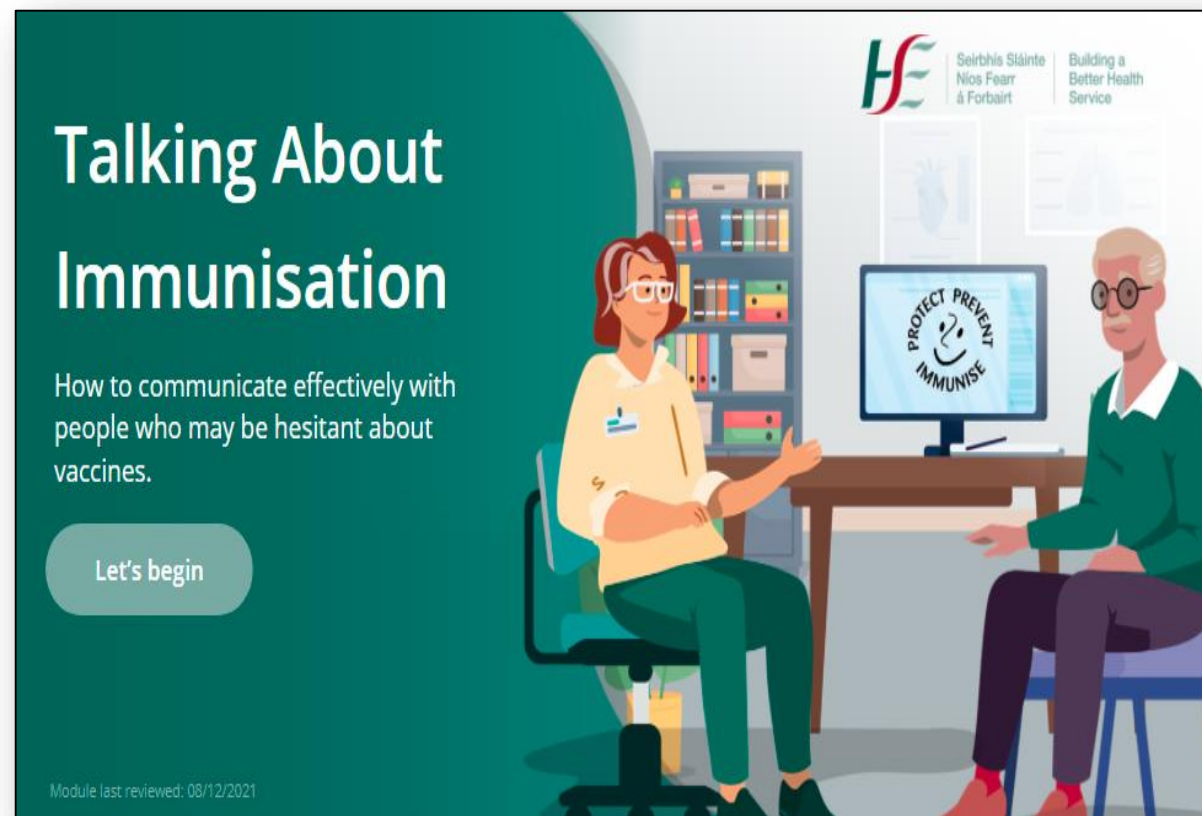


Respectful and collaborative conversation

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%, $p < 0.01$).



Thank you

Thank you for protecting our population from vaccine preventable diseases

