

Mark Ward TD  
Leinster House,  
Dublin 2

20th April 2021

**PQ 19106/21 - To ask the Minister for Health if the HSE sent out co-correspondence to or direction to general practitioners to prioritise persons aged 18 plus within the vulnerable at risk category of the category of persons aged 16 to 64 years; and if he will make a statement on the matter. -Mark Ward**

Deputy Ward,

Since the commencement of the Covid-19 Pandemic in early 2020, the HSE through the Chief clinical Officer has in place a forum for ongoing engagement for General Practice involving a senior group of Clinical and Management Staff from the HSE with senior colleagues from the IMO and the ICGP. More recently, since early 2021 with the rollout of the Vaccination Programme a specific working group has been in place of HSE and GP representatives through which the Operating Guidance and a range of other Clinical and logistical matters have been dealt with in supporting General Practice. The working group reports in through the Chief Clinical Officer and the HSE Governance arrangements.

Specifically in relation to the rollout of Cohort 3 (over 70s) Cohort 4 and 7 (Medically Vulnerable), the HSE has in place an ongoing process of engagement with the IMO in dealing with the rollout of the Vaccination Programme in agreeing the arrangements and detailed plans to apply. Earlier in April 2021, detailed plan was prepared and agree with the IMO for the rollout of AstraZeneca for Cohort 4 and 7. In line with our discussion with the IMO, the HSE has put in place, a Covid support team to address issues that arrive on a day-to-day basis and to monitor and manage the impact of potential changes on various aspects of the programme (i.e. delivery schedules, consumable logistics, revised cohort start/ finish dates etc.)

More recently, the HSE COVID-19 Vaccination roll out plans have been updated in accordance with the new guidance issued by the NIAC in relation to the AstraZeneca vaccine. The restriction on the use of AZ to those over 60 years would have resulted in a slight delay in administration of dose 1 vaccines, however by vaccinating groups 4 through 7 in parallel overall more people are being vaccinated sooner, in accordance with vaccine supplies.

The HSE has reached agreement with the IMO in relation to the vaccination of Cohorts 4 (patients at very high risk), and 7 (patients at high risk) in line with this new NIAC Clinical Guidance and a re-calibrated plan was communicated by the IMO and a Webinar held with well over 2000 participants. GPs are now identifying the detail number of patients to be vaccinated with Pfizer so that the delivery schedules can proceed.

A significant number of those in Cohort 4 have been vaccinated through the acute settings. While GPs may vaccinate any patients from within this Cohort, GPs are asked to focus on those with Diabetics with HbA1c>58mmol in last 12 months, Obesity – BMI >40, Chronic Resp. Disease – on home oxygen or hospitalized in past 12 months. In respect of those in cohort 7, GP's have been asked to identifying and administrating vaccine to the majority of this cohort. If it emerges that for any reason some patients in the very high risk cohort 4 have not been captured they will be accommodated as GP's work through cohort 7. The overall approach envisages commencing in GP practices on the week of 26<sup>th</sup> April with the prioritisation of those in the very high risk cohort (cohort 4) 3 /4 week period and moving seamlessly onto those in the high risk cohort (cohort 7).

Yours sincerely,



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**Pat Healy**  
National Director,  
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