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LAIV Schools Programme Operational Planning 2025/26

Dear Doctor,

We are currently planning for the Influenza season 2025/26, and in particular the provision of the LAIV nasal spray influenza vaccine for children in primary school settings.

Since the introduction of the LAIV for children in Ireland in 2020/21, the vaccine has been provided through GPs and Community Pharmacies to children in eligible cohorts. In recent years, GPs and Pharmacists have also attended primary schools to deliver LAIV.

A high vaccine uptake is required in eligible children to realise the population level benefits of the LAIV programme. Providing LAIV in school settings increases uptake. The overall uptake for children aged 2-17 years for the seasons from 2020/21 to 2023/24 was below 20%. The increased provision of LAIV onsite in schools by GPs and Pharmacists has contributed to improved LAIV uptake; in the 2024/25 season, LAIV uptake was 26.5% in those aged 5-12 years while uptake among all those aged 2-17 years was 20.4%.

As per the operational model for the past two seasons, in the 2025/26 influenza season, the model will be for GPs, Community Pharmacists and HSE vaccination teams to offer LAIV in primary school settings. HSE vaccination teams will provide LAIV vaccination to all primary age special schools. This approach aims to maximise the coverage in primary schools across the country to improve vaccine uptake and population protection. The HSE are supporting all participating GPs to offer LAIV to children in mainstream primary schools during the upcoming Influenza Vaccination Programme which will commence in autumn 2025. It is anticipated that where a GP visits a primary school, they would offer LAIV to all eligible pupils within that school.

The HSE are encouraging GPs planning to engage in the LAIV Schools Programme, to reach out to local mainstream primary schools in the coming weeks to establish a process and agreement to offer LAIV on-site. The identification of local schools in the planning stage will allow sufficient time for the practical aspects of establishing vaccination clinics to be addressed. GPs who have established relationships with primary schools from previous campaigns may strengthen this connection with school providers, along with the opportunity to engage with local primary schools who have not yet availed of on-site vaccination in previous seasons.

GPs providing school-based vaccination on behalf of the HSE are required to commit to the following:

- Ensure that all professionals vaccinating have undertaken all relevant training
- Identify local schools as early as possible in the planning stage to allow sufficient time for the practical aspects of establishing vaccination clinics to be addressed.
- Offer LAIV to all children in all class groups in each primary school
- Provide the HSE with details of the schools where they have agreed to provide LAIV vaccination, via the [GP LAIV Schools Template](#).
- Follow the HSE guidance for the provision of vaccinations in Primary Schools or Community Settings and ensure that any local materials, policies or protocols that may be developed align with HSE guidance



- Ensure robust processes to obtain informed consent prior to vaccination and adhere to best practice aligned with the HSE National Consent Policy
- Ensure all consent forms are reviewed in advance of the vaccination clinic before attending the school
- Check the child's vaccination status in advance of vaccination
- Ensure that there are sufficient clinical and administrative staff attending the vaccination clinic
- Ensure children are correctly identified at the time of vaccination
- Enter vaccination records on the day of vaccination
- Practice open disclosure in the event that any vaccine errors occur

Further information and considerations when planning school-based vaccination is outlined in Appendix 1.

Note:

Any GP practice planning to order >1000 vaccines for the LAIV Schools Programme and / or visit > 10 schools may be asked to submit additional information on arrangements for vaccine storage and transport, contingency for fridge failure or power cut, and copies of SOPs, prior to provision of vaccines.

GPs are requested to provide the HSE with details of the schools where they have agreed to offer LAIV on-site during the autumn programme, using the forms provided at [LAIV Schools Programme Planning 2025/2026](#). Details of the primary school Roll Number and Eircode for each participating school will be required. Schools are advised to only accept a single provider.

Completed forms should be returned to HSE at gpvaccines@vision.com. This will support the HSE in the planning of LAIV in those primary schools not covered by GPs or Pharmacies.

A communication has been issued from the HSE to the Department of Education in relation to the planned provision of LAIV in Primary Schools and a direct communication to Primary Schools has issued providing details of the LAIV programme.

Please visit [Vaccination Primary Care Contractors Programme](#) for further LAIV information, resources and updates as they become available.

I would like once again to express my sincere gratitude to General Practitioners and their teams for the efficient manner in which the Flu Vaccination Programme has been delivered in past seasons.

Please be assured of the HSE's continued support at this time.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'G. Crowley', written over a horizontal line.

Geraldine Crowley
Assistant National Director
Enhanced Community Care Programme &
Primary Care Contract



Appendix 1: LAIV Delivery Model – Key Considerations

HSE Guidance:

An extensive range of materials to support vaccinators is developed by the National Immunisation Office. All vaccinators should be familiar with the updated guidance documentation *Toolkit to Support the Administration of Flu Vaccination to Children in Primary School* before commencing LAIV.

LAIV Stock Management:

Allocations of LAIV will be set by the NCCS taking into account notifications to the HSE Vaccine Primary Care Contractors of planned vaccination clinics in schools. Providers are encouraged to stagger their clinics and corresponding orders throughout the flu season and to order quantities of vaccines based on their anticipated fortnightly requirements. (This is because of the limited shelf life of the vaccine and also its susceptibility if exposed to temperature excursions.)

Consent:

Please refer to [HSE National Consent Policy](#) in conjunction with LAIV Programme Material.

Consent involves a process of communication about the proposed intervention in which the person has received sufficient information to enable them to understand the nature, potential risks and benefits of the proposed intervention. The vaccinator must ensure that valid informed consent was given and recorded.

All healthcare workers are responsible for ensuring that they adhere to consent processes as set out in the HSE National Consent Policy.

Best Practice Considerations

- It is good practice, where possible, to seek the consent to vaccination well in advance, so that there is sufficient time to respond to any questions and provide adequate information.
- Allow parents and legal guardians the chance to consider the vaccination, and formulate, and to ask any questions that they may have with regard to the vaccine.
- Child's parent(s) or legal guardian(s), or the young person in question, have an opportunity to ask questions that are answered by a healthcare worker/vaccinator to their satisfaction.
- Provide a mechanism for parents to raise any questions or concerns they may have

Recording Vaccinations:

It is best practice to always check a client's eligibility and vaccination record prior to administering any vaccines. Please ensure to enter the vaccination records promptly to avoid another vaccine being administered in error by a different provider. Take a moment to check the information entered into your GP PMS, to ensure the patient vaccination record is correct. See [Guidance Note 2 Completing Vaccination Record on IT Systems](#)