



Welcome to Bulletin 31 from the HSE National Immunisation Office which highlights changes in clinical guidance for the COVID-19 vaccination programme.

Bulletins will be published **FORTNIGHTLY** or more frequently, if required.

New recommendations from the National Immunisation Advisory Committee (NIAC)

The National Immunisation Advisory Committee (NIAC) has updated their recommendations for COVID-19 vaccines in two key areas:

- 1. Pregnancy
- 2. Extended primary vaccination course for people who are immunocompromised

<u>These changes have not yet been operationalised in the programme</u>. Planning is underway including changes to the I.T. system, medicines protocols and training and guidance for vaccinators. Information material are being prepared for the public with details. More information will be issued.

- 1 NIAC recommendations for COVID-19 vaccination in pregnancy:
 - Pregnant women and adolescents from 12 years of age should be offered mRNA COVID-19 vaccination at <u>any stage of pregnancy</u> following an individual benefit/risk discussion with their obstetric care giver.
 - There should also be enhanced efforts to increase vaccine uptake in pregnant women, their partners and eligible household contacts.
 - Vaccination is the best way to protect both mother and baby from serious harm and should be available at all stages of pregnancy.
 - Pregnant women and their partners should observe all public health and social measures.
- 2 Extended primary vaccination course:

 An additional COVID-19 vaccine dose is recommended for those with immunocompromised associated with suboptimal response to vaccines.
 - Provide one mRNA vaccine dose for all aged 12 and older with immunocompromise who have received a COVID-19 vaccine course with either an mRNA or an adenoviral vector vaccine to **complete primary immunisation.**
 - The mRNA vaccine should be given after a minimum interval of two months following the last dose of an authorised COVID-19 vaccine.
 - Encourage all eligible unvaccinated or incompletely vaccinated to complete vaccination.
 - Those with immunocompromise and those living with and/or caring for them should observe all recommended public health and social measures to limit their COVID-19 exposure.
 - The 2021/22 seasonal influenza vaccination programme should proceed as planned, and efforts enhanced to optimise uptake among all those at risk of flu.









New recommendations from the National Immunisation Advisory Committee (NIAC)

(continued from page 1)

The following table of at-risk groups for severe COVID-19 disease from the NIAC guidelines shows shaded in blue, those with immunocompromise who may have a suboptimal response to COVID-19 vaccines.

| Medical condition | Very high risk | High risk | |
|---|--|--|--|
| Cancer | All cancer patients actively receiving (and/or within 6 weeks of receiving) systemic therapy with cytotoxic chemotherapy, targeted therapy, monoclonal antibodies or | Haematological - within 1 year | |
| | immunotherapies and surgery or radical radiotherapy for lung or head and neck cancer All patients with advanced/metastatic cancers | Haematological - within 1 - 5 years Non-haematological - within 1 year All other cancers on non- hormonal treatment | |
| Chronic heart (and vascular) disease | | e.g. heart failure, hypertensive cardiac disease | |
| Chronic kidney disease | On dialysis, or eGFR <15 ml/min | With eGFR <30ml/min | |
| Chronic liver disease | | e.g. cirrhosis or fibrosis | |
| Chronic neurological disease or condition | With evolving ventilatory failure (requiring non-invasive ventilation) e.g. motor neurone disease, spinal muscular atrophy | Significantly compromising respiratory function and/or the ability to clear secretions e.g. Parkinson's disease, cerebral palsy | |
| Chronic respiratory disease | Severe e.g. severe cystic fibrosis, severe COPD, severe pulmonary fibrosis | Other e.g. stable cystic fibrosis, severe asthma (continuous or repeated use of systemic corticosteroids), moderate COPD | |
| Diabetes | HbA1c ≥58mmol/ml | All other diabetes (Type 1 and 2 | |
| Immunocompromised due to disease or treatment | Severe e.g. Transplantation: - Listed for solid organ or haematopoietic stem cell transplant (HSCT) - Post solid organ transplant at any time - Post HSCT within 12 months Genetic diseases: - APECED2 - Inborn errors in the interferon pathway Treatment: - included but not limited to Cyclophosphamide, Rituximab, Alemtuzumab, Cladribine or Ocrelizumab in the last 6 months | Other e.g. High dose systemic steroids4 Persons living with HIV | |
| Inherited metabolic diseases | Disorders of intermediary metabolism/at risk of acute decompensation e.g. Maple Syrup Urine Disease | Disorders of intermediary metabolism not fulfilling criteria for very high risk | |
| Intellectual disability | Down syndrome | Intellectual disability excluding Down syndrome | |
| Obesity | BMI >40 kg/m2 | BMI >35 kg/m2 | |
| Severe mental illness | | e.g. Schizophrenia, bipolar disorder, severe depression | |
| Sickle cell disease | Sickle cell disease | | |

Read more here









European Centre for Disease Prevention and Control (ECDC) report on booster vaccination

An ECDC report advises that additional COVID-19 vaccine doses should already be considered for people with severely weakened immune systems as part of their primary vaccination.

Studies have reported that an additional vaccine dose can improve the immune response in immunocompromised individuals, such as organ transplant recipients whose initial responses to vaccination were low.

To complement highly protective vaccinations, it is also crucial to continue applying measures such as physical distancing, hand and respiratory hygiene, and using face masks where needed, in particular in high-risk settings such as long-term care facilities or hospital wards with patients at risk of severe COVID-19.

The European Medicines Agency (EMA) is currently assessing data on additional doses and will consider whether updates to the product information are appropriate.

Read more here

Heterologous Vaccines

NIAC recommends that receiving two doses of the same vaccine are preferred for all age groups, where possible.

People who received a first dose of AstraZeneca can now receive an mRNA (Pfizer/Moderna) vaccine as their second dose

People who wish to get an mRNA vaccine after their first dose of the AstraZeneca vaccine, can attend an mRNA dose 2 walk-in vaccination clinic.



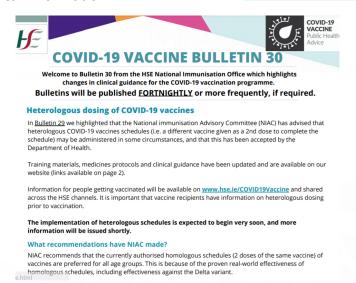
Visit the **HSE website** for details

Click here



Read **Bulletin 30 27 August 2021** for detailed clinical information

Click here









Heterologous Vaccines

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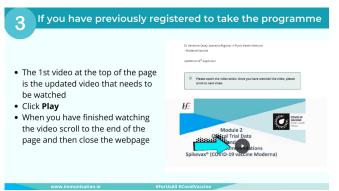
The **HSeLanD COVID-19 Vaccination Training Programme** has also been updated to support vaccinators giving heterologous vaccines. The updated modules are as shown in the table below:

| 4 | Indications, Priority Groups, Contraindications and Precautions for the COVID-19 vaccine | Video from Dr Louise Marron, Specialist Registrar in Public Health Medicine, NIO - Pfizer Vaccine |
|---|--|--|
| 4 | Indications, Priority Groups, Contraindications and Precautions for the COVID-19 vaccine | Video from Dr Geraldine Casey, Specialist Registrar in Public Health Medicine - Moderna Vaccine |
| 4 | Indications, Priority Groups, Contraindications and Precautions for the COVID-19 vaccine | Video from Dr Chantal Migone, Specialist in Public Health Medicine, NIO - AstraZeneca |

Visit HSeLanD

The following step-by-step guide shows you how to access the updated modules on **HSeLanD**:















Calculating dose intervals for vaccines

Remember that when giving a vaccine schedule, the day that the first dose of vaccine is administered is day 0. (This applies to all vaccines including COVID-19).

The recommended interval for vaccines should be used. The minimum interval can be used but only in exceptional circumstances.

| Vaccine | Recommended interval | Minimum interval | Invalid dose |
|------------|----------------------|------------------|--------------|
| Comirnaty® | 21-28 days | 17 days | < 17 days |
| Spikevax® | 28 days | 24 days | < 24 days |

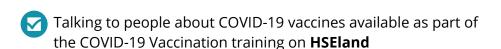
If the recommended interval between vaccines has been exceeded, there is no need to restart a course.

Read more here

Communicating with people who are hesitant about vaccines

Healthcare professionals are key to addressing vaccine hesitancy. Skilled communication with a trusted healthcare professional has been shown to be effective in increasing acceptance of vaccines.

There are several resources available to support you when communicating with people who are hesitant about COVID-19 vaccines:



<u>Visit HSeLanD</u>

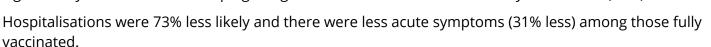
The **WHO** has also developed several resources to support healthcare professionals

Click here

Research

Post-vaccination SARS-CoV-2 infection: risk factors and illness profile in a prospective, observational community-based case-control study

A study, published in The Lancet Infectious Diseases, found that for those who had completed a two course Covid-19 vaccine schedule but went on to develop a Covid-19 infection had a significantly lower risk of developing "long COVID". Their risk was reduced by almost half (49%).



These findings are the first to suggest that although there is evidence of effectiveness for the reduction in Covid-19 infection in those who are fully vaccinated, the risk of long Covid post vaccination infection is also reduced by completing the Covid-19 vaccination schedule.

Read more here









Management of vaccine stock (assets) in CoVax

The NIO has created an SOP to assist the management of vaccine stock (assets) in CoVax.

The SOP is designed for any staff (medicine management staff), in CVCs and Hospitals, receiving, handling and dispensing Covid-19 vaccines. The SOP, which has received positive feedback from pharmacists in both hospitals and CVCs, defines the steps to update the status of an asset batch and amend its quantity. These steps must be carried out regularly and as needed to ensure the quality of data of patient's vaccination records. This SOP aims to ensure that only in use (active) batches are visible to vaccinators, reduce or elimintate the risk of selecting the wrong batch and consequently will improve data quality.

A new ops admin permission set, named HSE-Meds Management, has also been created in Covax. When medicine management staff request access to Covax an account will be opened or if they have an existing account, their permission set will be updated in line with the new SOP.

CoVax Meds Management Access (Action Needed By You)

We invite staff, currently responsible for medicine management tasks, to get in touch with us by email to access Meds Management functionality on the Covax Application.



Contact us here

There are two scenarios:

New Joiner:

If you don't have an account, copy and paste the following phrase into the email subject line: **UAM Meds Management New Joiner**

2 Existing Account holder:

·If you are an existing account holder, copy and paste the following phrase into the email subject line: **UAM Meds Management Existing Account**

In both case we suggest copy and paste the text above to the subject line and also please put the following information in the email body:

First name:

Last name:

Work email:

Preferred email:

Mobile Phone number: 353 8x xxx xxxx

Current employer:

Job Title:

Place of Work (Name and Eircode):

Confirm if Microsoft authenticator app has been downloaded to your phone (Yes/No):

Your mobile phone will be used to give you secure access to the system and you will need to download a copy of the Microsoft Authenticator app from the Apple Store or Google Play store.

This information will ensure an efficient process for opening your account

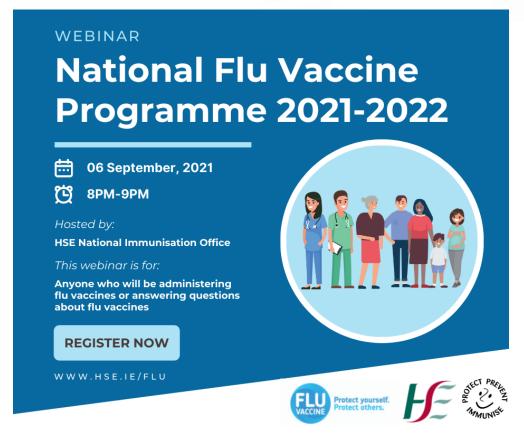
Please send the email by 10th September latest and upon receiving your request your CoVax account will be set up or updated and you will be sent the SOP and details on how to access Covax support.











REMINDER - Live Webinar on the Flu Vaccine for 2021/22 flu season TICKETS TO WATCH THE WEBINAR LIVE ARE NOW SOLD OUT

The HSE National Immunisation Office (NIO) will host a live webinar on 6th September at 8:00PM on the Flu Vaccine for the upcoming 2021/2022 flu season.

Tickets to watch the webinar **live** are now **SOLD OUT**.

You can still register to watch the webinar back later.

Register here

Confirmation will be sent to attendees when registration closes.

REMINDER: This is a free event to support the rollout of the 2021/2022 National Influenza Vaccine Programme in Ireland. The live webinar is also **CPD approved**.

This webinar will provide up to date clinical information to support health professionals who will be

- · administering flu vaccines
- answering questions about flu vaccines

Please note: Even if you cannot join live, we recommend you still register and we will send you the recorded webinar to watch at your convenience.









Website

Visit our website **www.immunisation.ie** regularly for the most up to date information to support vaccinators and health professionals responding to queries.

Our dedicated COVID-19 Vaccination section contains

- Information from the National Immunisation Advisory Committee
- Clinical guidelines
- COVID-19 vaccine studies
- IM injection technique reminders
- Dedicated pages for the licensed COVID-19 vaccines

Visit here

HSeLanD COVID-19 Vaccination Training Programme

You can access updates to the National Immunisation Office COVID-19 Vaccination Training Programme for Pfizer, Moderna, AstraZeneca and Janssen vaccine through your HSeLanD account.

Visit HSeLanD

We would encourage you to log in and complete the updated content in each programme to refresh your knowledge and ensure you are up to date with your COVID-19 Vaccination Training.

If you have any issues with the platform please contact HSeLand directly.

Contact HSeLanD

Do you have queries?

Clinical queries from healthcare professionals can be directed to our HSE email address.





Should vaccines be exposed to temperatures outside of parameters please contact the National Immunisation Office pharmacists immediately. Contacts include:

- Achal Gupta: mobile 087 4064810
- Mariangela Toma: mobile 087 7575679
- Cliona Kiersey: mobile 087 9915452

The National Immunisation Office is not involved in the allocation or delivery of COVID-19 Vaccines.

Queries that are not clinical or technical cannot be answered by the National Immunisation Office

Read about the role of the National Immunisation Office in supporting the COVID-19 vaccination programme on our **website**.

Recommendations about COVID-19 vaccine are changing as more information becomes available so please visit our **website** for the most up to date information.



