

## Evidence-based interventions to improve childhood vaccine uptake in your General Practice

1. **Adopt a practice-wide team approach to increasing uptake.**  
Involve everyone, from the person who answers the phone, to the clinical lead.
2. **Invite parents for vaccination of babies well in advance so they can plan their visit.**
3. **Send reminders.**  
They work. Text, write, or phone parents to remind them that their child's vaccines are due or overdue.
4. **Facilitate appointments for vaccinations.**  
Encourage reception staff to facilitate appointments. Flexible appointments for vaccination including evening and weekends, if possible, are effective and improve attendance.
5. **Check children's immunisation status when they are attending the GP for other reasons.**  
Check if your I.T. system flags children with outstanding vaccinations.
6. **Recommend vaccination if children are overdue vaccines; book appointments or opportunistically vaccinate children who are missing vaccines.**
7. **A recommendation from a trusted healthcare professional is known to be the most important way to promote vaccination.**  
Communicate effectively with parents who have concerns about vaccines. An e-learning module "Talking About Immunisation" is available on [hseland](https://hseland.hse.ie).
8. **Keep up-to-date with the current information about vaccines.**  
Please visit [www.immunisation.ie](https://www.immunisation.ie) and subscribe to the NIO Newsletter [here](#).  
Follow us on our official [X](#), [Instagram](#) and [YouTube](#) channels for up to date news, videos and more.
9. **Promote vaccination on your website and in your practice display leaflets and posters.**  
Find resources in the partner pack [here](#). Order posters and other materials on [www.healthpromotion.ie](https://www.healthpromotion.ie).
10. **Guide parents where to find reliable information.**  
Give them resources like the [PCIP Booklet](#) and [Infographic](#).
11. **View e-learning modules for best practice, including "Primary Childhood Immunisation Programme" and "Talking about Immunisation".**  
Complete on [hseland](https://hseland.hse.ie).

## Tips for communication with parents who are hesitant about vaccines

- 1. Ask open-ended questions**

“Can I ask you what you’re worried about?”

- 2. Affirm their strengths (stress the positives)**

“It’s good that you’ve been thinking about the vaccines.”

- 3. Validate their concerns**

“It can be worrying when you read about things like that online.”

- 4. Reflect back what they’ve told you**

“You’ve read that you shouldn’t give so many vaccines in one go, so that worries you and that’s why you haven’t had your baby vaccinated yet.”

- 5. Ask and provide information**

“Could I share with you some information about the vaccines, and why we give the vaccines together?”

- 6. Share your personal experience, it can be very effective**

“I made sure my own children got their vaccines”

- 7. Verify how they feel**

“How do you feel now about the vaccines, now we’ve had a chance to talk about it?”

- 8. Describe the action plan**

“Ok, you’d like to read some of the information I’ve given you, and you are going to come back in a week to talk to me about it some more, I’ll book you in for that appointment now”

Adapted from World Health Organization resources:

Conversations to build trust in vaccination: A training module for health workers, linked [here](#).

If you are a health professional and have questions, please email [immunisation@hse.ie](mailto:immunisation@hse.ie)

## Tips for Catch-Up Vaccination in General Practice

The Primary Childhood Immunisation Schedule has changed for children born on or after 1st of October 2024. Check the child's date of birth to determine which catch up schedule the child should follow.

- View the Catch-Up Table in the [Immunisation Guidelines](#) Chapter 2
- Use the column for the age of the child, but remember the table assumes a patient has not received any vaccines at all.

### Children born BEFORE 1st October 2024

#### Eight principles for catch-up vaccination for children born BEFORE 1st October 2024

1. **Men C vaccine given before 12 months, provides protection for a child's first year of life only**  
When a child reaches the age of 12 months, they need one dose of MenC only, regardless of whether they received Men C vaccine in their first year of life.
2. **PCV13 vaccine given before 12 months, gives protection for a child's first year of life only**  
When a child reaches the age of 12 months, they need one dose of PCV13 only, regardless of whether or not they have received PCV13 in their 1st year of life.
3. **If the 6-month vaccines are late e.g. they were given at 9 months, there is no need to delay the 12-month vaccines**
4. **If a child needs to catch up with both 12- and 13-month vaccines, they can be given at one visit**
5. **Once a child reaches the age of two, NIAC advises they no longer need PCV13 vaccine or MenB vaccine, even if they have never had these vaccines.**  
The exception is children with at-risk conditions who should be vaccinated.
6. **Once a child reached the age of ten, they no longer need HIB vaccine**
7. **A child over the age of 1 year, needs a single dose of MenC up until MenACWY is given in school.**
8. **If a dose of MMR vaccine was given before the first birthday,**  
either because of travel to an endemic country, the schedule in another country or because of a measles outbreak, the child needs 2 further doses. One dose at 12 months of age or older (at least 4 weeks after the 1st MMR vaccine), and the second dose given in junior infants' class.

## Tips for Catch-Up Vaccination in General Practice (continued)

### **Eight Principles for catch-up vaccination for children born ON or AFTER 1st October 2024**

1. **PCV13 vaccine given before 12 months, gives protection for a child's 1st year of life only**  
When a child reaches the age of 12 months, they need 1 dose of PCV13 only, regardless of whether or not they have received PCV13, one, two or 3 doses in their 1st year of life.
2. **If the 6 month vaccines are delayed e.g. given at 9 months, there is no need to delay the 12 or 13 months vaccines.**  
NIAC now advise that the booster 6in1 vaccine recommended at 13 months visit can be given after a minimum interval of 4 weeks from the 3rd 6in1 vaccine, provided the 3rd 6 in 1 vaccine was given before 12 months of age.
3. **If the vaccines due at the 6 month visit are delayed to 12 months or more, the third dose of 6 in 1 vaccine should be given at the 13 months visit or as soon as possible.**  
The 4th 6in1, (which is recommended at 13 months in the schedule), should be replaced by the 4in1 vaccine (Tetravac). The 4in1 vaccine should be given after an interval of 6 months after the 3rd dose of 6in1 vaccine.
4. **Once a child reaches the age of 2, NIAC advises they no longer need PCV13 vaccine or MenB vaccine, even if they have never had these vaccines.**  
The exception is children with at-risk conditions who should be vaccinated.
5. **Once a child reached the age of 10, they no longer need HIB vaccine.**
6. **If a child has missed the varicella vaccine, catch up is recommended up to age 18 years**  
(there is no payment for administration of the vaccine in general practice above the age of 10 years).
7. **A child over the age of 1 year, needs a single dose of MenC up until MenACWY is given in school.**
8. **If a dose of MMR vaccine is given before the first birthday,**  
either because of travel to an endemic country, the schedule in another country or a measles outbreak, two further doses should be given at 12 months of age or older (at least four weeks after the first dose) and at 4 to 5 years of age (MMR/MMRV in Junior infants)

### **Vaccination schedules in different countries:**

- For EU/EEA countries click [here](#)
- For rest of the world click [here](#)