



Toolkit to Support the Administration of Flu Vaccination to Primary School Children in the School Setting

Seasonal Influenza Vaccination Programme 2021-2022

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1 Introduction

The National Immunisation Advisory Committee (NIAC) have recommended influenza (flu) vaccination for all children aged 2-17 years for the 2021-2022 seasonal influenza programme. The aim of the influenza programme for children is to protect children from influenza related morbidity and mortality, particularly those aged under four years in whom influenza infection can be more severe. In addition, young children may shed and transmit influenza for longer than adults and are therefore important drivers of influenza infection in the community.¹ Therefore, reducing infection among children provides direct protection to vaccinated children and decreases transmission of flu within the wider community, providing indirect protection to those at higher risk of severe disease.²

1.1 The Seasonal Influenza Programme 2021-2022

The goal for the seasonal influenza campaign for the 2021-2022 season is to increase the overall uptake of flu vaccinations with a focussed target for key groups including children aged 2-17 years. The 2021-2022 HSE seasonal vaccination programme will offer three vaccines:¹

1. Quadrivalent Influenza Vaccine (QIV) which is given by intramuscular (IM) injection and recommended for:
 - Children aged 6-23 months old and adults aged 18-64 years who are at risk of influenza related complications
 - Pregnant women
 - Healthcare workers (HCWs)
 - Carers
2. Adjuvanted Quadrivalent Influenza Vaccine (aQIV) which is given by IM injection and recommended for:
 - All those aged over 65 years
3. Live Attenuated Influenza Vaccine (LAIV) which is administered intranasally and is recommended for:
 - All children and young people aged 2-17 years (unless contraindicated)

A full list of eligible groups for the influenza vaccines is available at www.hse.ie/flu and in the NIAC guidelines Chapter 11 available at:¹

<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf>

Vaccination of all children in Ireland aged 2-17 years with LAIV was first added to the national influenza vaccine campaign in the 2020-2021 flu season. At the start of the season LAIV was offered to those aged 2-12 years. Later in the 2020-2021 flu season, this was extended to those aged 13-17 years. Younger children were prioritised for vaccination as they are more susceptible to the complications of flu and more likely to be drivers of infection in the community.²

The LAIV was administered in the community by General Practitioners (GPs) and community Pharmacists during the 2020-2021 season. Provisional data from the Health Protection Surveillance Centre (HPSC) estimates that the uptake among those aged 2-12 years was 29% and the uptake among those aged 13-17 years was 2.5%. The target uptake for those aged 2-17 years for the 2021-2022 flu season is 50% with an ambition of 75%.

1.2 The Schools Immunisation Programme

In Ireland, the Schools Immunisation Programme is a well-established programme which is part of a national strategy to protect children from infectious diseases through vaccination.³ There is strong international evidence that administration of vaccines in school settings increases vaccination uptake and a school setting is an appropriate and safe setting to enable the vaccination of large numbers of students.⁴⁻⁶ The Schools Immunisation Programme protects against the following diseases with the named vaccines:

Junior Infants

- Measles, mumps, rubella with MMR vaccine.
- Tetanus, diphtheria, pertussis, polio with DTaP/IPV vaccine.

First year of second level school

- Tetanus, diphtheria, pertussis with Tdap vaccine.
- Human papillomavirus (HPV) with HPV9 vaccine.
- Meningococcal A, C, W, and Y infection with MenACWY vaccine.

Since the COVID-19 pandemic, there have been a number of challenges to the Schools Immunisation Programme. School buildings were closed for periods of time and when school buildings re-opened, some schools were unable to accommodate school immunisation teams because of space required for social distancing. Additionally, school immunisation teams were seconded to the COVID-19 response and subsequently to the COVID-19 vaccination programme.

For the 2019-2020 academic year, school immunisation clinics were held over the summer of 2020, in a variety of settings, to vaccinate children who had not received their school vaccines. Uptake for the 2019-2020 academic year was high.

For the 2020-2021 academic year, vaccinations are ongoing to vaccinate those children who have not been vaccinated during the school year. Clinics have been established locally by school immunisation teams, in a number of locations.

Given international evidence of the advantages of a school-based programme, the schools immunisation programme should continue to be delivered in schools where possible. Where schools are unable to accommodate school immunisation team (or in the event that school buildings close) vaccination can take place in central vaccination clinics (CVCs) or locally established clinics.

1.3 Flu Vaccination in School Settings

In the UK, intranasal live attenuated influenza vaccine (LAIV) has been offered to children aged 2-4 years old by GP's and to older children in primary school since 2013. It was extended to secondary school children in 2020-21. The extension of the influenza immunisation programme to children in a school setting was informed by a number of successful pilot projects that demonstrated that school-based delivery of flu vaccines to children improves uptake and that school-based vaccination is likely to achieve higher coverage than delivery via primary care.^{2,7}

In the UK, delivery of the influenza vaccine in a primary school setting was introduced on a phased basis over a number of years for school class groups.⁸ In Ireland, for the 2021-2022 season, flu vaccine will be available free of charge to all children, delivered in the community administered by GPs and Pharmacists. However, in addition, Community Healthcare Organisations (CHOs) are being asked, as part of their flu planning, to partner with a local primary school to run a pilot project administering LAIV to children attending the school. It is envisaged that the vaccines will be administered by the schools immunisation teams. The purpose of these pilots is to assess the uptake of LAIV in a school-based setting and to assess the feasibility and acceptability of school-based flu vaccine administration to children in a primary school setting. This will add to the existing evidence base regarding the effectiveness, feasibility, uptake and acceptability of school-based programmes for influenza vaccine in an Irish context. If successful, the pilot projects could be developed for roll out in the 2022-2023 flu season.

This document is intended to support the CHOs to develop pilot projects for the administration of LAIV to children in a primary school setting. It aligns with the *Supporting Information for Staff School Immunisation Programme 2021-2022 academic year* document which was published in August 2021 and with the NIAC guidelines in relation to LAIV administration for children.^{1,3}

2 LAIV Administration in Children

2.1 Vaccine, Dose and Route of Administration

The vaccine recommended by NIAC for children aged 2-17 years is a Live Attenuated Influenza Vaccine (LAIV), it is called Fluenz Tetra and is manufactured by Astra Zeneca. This vaccine may be given to all children aged 2-17 years, unless contraindicated. Vaccinators should be aware that LAIV viruses cannot cause influenza as they are cold adapted and cannot replicate efficiently at body temperature.

The dose of this vaccine is 0.2ml. LAIV must only be given intranasally, one spray (0.1ml) should be given in each nostril.

Children aged 2-17 years, who are not in a high-risk group, should receive a single dose of LAIV. For the purpose of the school pilot programme, parents will be advised not to consent for their child to receive the flu vaccine in school if their child has already received a flu vaccine since September 2021 or has a vaccination appointment already arranged with their GP or Pharmacist.

Children aged 2-8 years in a clinically at-risk group, who are at higher risk of complications from influenza, who are receiving **any** influenza vaccine for the first time or who have an unknown vaccination history should receive two doses of LAIV, at least four weeks apart. This is summarised in Table 1.

Please see Appendix A for list of training material available to support administration of the LAIV.

Table 1 Dose of LAIV

Age Group	Dose
Children aged 2-17 years	One dose
Children aged 2-8 years in a clinically at-risk group	Two doses 4 weeks apart if they are receiving influenza vaccine for the first time or if the vaccination history is unknown

Please note:

- If the child sneezes or nose drips, the vaccine does not need to be repeated. LAIV is immediately absorbed after administration and there is a surplus of attenuated virus particles in the vaccine required for immunity.
- If LAIV is only tolerated / given in one nostril, the vaccine does not need to be repeated. A 0.1ml dose given into one nostril contains enough attenuated viral particles to induce an immune response.
- If all of the vaccine doses are given in the same nostril, the vaccine does not need to be repeated.

2.2 Children in Clinically At-Risk Groups

The following children are considered to be in clinically at-risk groups:

- Those with chronic illness, e.g., chronic heart disease, chronic liver disease, chronic neurological disease, chronic renal failure, chronic respiratory disease (including cystic fibrosis, moderate or severe asthma, and bronchopulmonary dysplasia), diabetes mellitus, or haemoglobinopathies
- Those with immunosuppression due to disease or treatment, including asplenia or hyposplenism, and all cancer patients
 - LAIV is contraindicated in children with severe immunocompromise due to disease or treatment (Section 2.4)
- Those with any condition that can compromise respiratory function (e.g., spinal cord injury, seizure disorder, or other neuromuscular disorder) especially those attending special schools/ day centres
- Children with Down syndrome
- Children with moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability
- Residents of long stay facilities where rapid spread is likely to follow introduction of infection
- Morbid obesity

Children aged 2-8 years who fall into any of the above categories and who have never had any influenza vaccine before should be offered two doses of the LAIV four weeks apart unless it is contraindicated (Section 2.4). For the purposes of this pilot programme, children in high-risk groups who have never had any influenza vaccine before will be identified by the schools immunisation teams/CHO from the information provided on the consent form completed by parents (which includes a pre-vaccination screening questionnaire). Children in this category will be offered a dose of the LAIV in school and, following vaccination, their parents will be sent a letter by the CHO/School immunisation team advising them to attend their GP or pharmacy for the second dose of LAIV four weeks after the first dose.

2.3 Precautions to LAIV

- In the event of acute severe febrile illness, vaccination should be deferred until recovery
- LAIV can be given to children with confirmed egg anaphylaxis or egg allergy in a primary care or school setting. LAIV has an ovalbumin content ≤ 0.024 micrograms per dose. However, children who have required ICU/Critical care admission for a previous severe anaphylaxis to egg should be given LAIV in hospital

2.4 Contraindications to LAIV

The following are contraindications to receiving the LAIV:

- Anaphylaxis following a previous dose of influenza vaccine or any of its constituents except ovalbumin (See precautions in Section 2.4 above)
- Asthma
 - If a child has had an acute exacerbation of symptoms, increased wheezing and/or additional bronchodilator treatment in the last 72 hours vaccination is contraindicated
 - If a child has severe asthma, is on regular oral steroids or has had previous ICU/Critical care for asthma, specialist advice should be sought
- Concomitant use of aspirin/salicylates
- Children who live with a severely immunosuppressed person
 - e.g., post haematopoietic stem cell transplant
- Use of influenza antiviral medications within the previous 48 hours
- Pregnancy
- Significant immunosuppression due to disease or treatment
 - e.g., acute/chronic leukaemia, lymphoma, HIV positive not on highly active antiretroviral therapy, cellular immune deficiency, high-dose steroids >0.5mg/kg/day in children <40kgs or other immunosuppressing drugs
- Those post cochlear implant until the risk of a CSF leak has resolved
 - Consult with the relevant specialist
- Those with a cranial CSF leak
- Those with severe neutropenia
 - Absolute neutrophil count $<0.5 \times 10^9/L$, to avoid an acute vaccine related febrile episode. This does not apply to those with primary autoimmune neutropenia who can receive influenza vaccine unless contraindicated.
- Those on combination checkpoint inhibitors
 - e.g., ipilimumab plus nivolumab because of a potential association with immune related adverse reactions
 - Patients on combination checkpoint inhibitors should not receive any influenza vaccines

Children for whom the LAIV is contraindicated should be offered the QIV provided it is also not contraindicated. For the purposes of this pilot programme, children who fall into this category should be advised to attend their GP or pharmacy to receive the QIV.

There is an algorithm which outlines the procedure for the LAIV in children aged 2-17 years included as Appendix B.

<https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/laivalgorithm.pdf>

LAIV is not contraindicated for use in those with asymptomatic HIV infection, those who are receiving topical/inhaled corticosteroids or low-dose systemic corticosteroids or those receiving corticosteroids as replacement therapy, e.g., for adrenal insufficiency.

2.5 Adverse Reactions

Local Side Effects:

- Nasal congestion is very common ($\geq 1/10$)

General Side Effects:

- Malaise is very common ($\geq 1/10$)
- Decreased appetite, headache, myalgia and fever are common ($\geq 1/100$ to $< 1/10$)
- Fever is no more frequent than that following other recommended childhood vaccines, is generally mild and resolves in a few days

Very Rare Side Effects ($< 1/10,000$)

- Immediate allergic reactions

Very rare cases of Guillain-Barré syndrome (GBS) have been observed in post marketing surveillance following the flu vaccine. However, the risk of GBS following influenza infection is significantly greater than that following influenza vaccination.

Read the Summary of Product Characteristics (SmPC) contains further information on adverse events associated with Fluenz Tetra. Available here: https://www.ema.europa.eu/en/documents/product-information/fluenz-tetra-epar-product-information_en.pdf

2.6 Co-administration

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. For children in Junior infants the LAIV can be given at the same time as the 4 in 1 and MMR.

3 Supporting Pilot Projects for the Administration of LAIV in the Primary School Setting

For the 2021-2022 flu season, CHOs are being asked to partner with primary schools to administer LAIV to children attending the schools through the schools immunisation teams. The first steps in this process include:

- Deciding to undertake the pilot project
- Engagement with key stakeholders including the CHO, the schools immunisation teams, the selected/proposed schools, the National Immunisation Office (NIO)
- Selecting the primary school to partner with for the pilot project
- Developing a protocol for the pilot project including:
 - Background and Rationale
 - Aims and Objectives
 - Methodology
 - Results
 - Discussion
 - Evaluation plan
- Ensuring adequate resources and materials to support pilot are available including for example:
 - Vaccine supply
 - Vaccine storage
 - Vaccinators
 - Medicines protocols
 - Materials for circulation to parents of children attending the school

This document is intended to support this process.

3.1 Developing a Pilot Project Protocol

The following are the proposed steps with included examples in the development of a protocol for a pilot project delivering LAIV in a primary school setting. This protocol should be adapted/expanded with reference to the information provided in this document and its appendices and with reference to the *Supporting Information for Staff School Immunisation Programme 2021-2022 academic year document*.³

Background

This section should include a description of the issues, available knowledge and rationale for the pilot project. For example: *Uptake of the influenza vaccine for children aged 2-12 years was 29% in the 2020-2021 season. Provision of vaccines through school-based programmes results in*

significantly greater uptake of vaccines. School-based vaccination is likely to achieve higher coverage than delivery via primary care providers.

Aim and Objectives

These should state the purpose of the pilot project. For example, the aim could be: *To increase the uptake of flu vaccine among primary school aged children through the delivery of LAIV in a primary-school based setting.* There may be additional secondary objectives for example assessing feasibility and acceptability of administering the flu vaccine in a school setting.

Methods

This should state what is going to be done as part of the pilot project. This should include stating:

- Who are the population e.g. all children attending a specified primary school
 - n=total number of students attending the school who are offered the vaccine
- What is the intervention e.g. offering LAIV in a school setting via the school immunisation team
- The logistics of how this intervention will be offered e.g.,
 - Parents/legal guardians will be sent a vaccine information pack including an information letter, leaflet, a consent form and envelope to return the consent form
 - Forms will be reviewed and collated by CHO staff in a similar manner to the usual procedures of the schools immunisation teams
 - National guidelines for the schools immunisation teams in relation to policies and procedures for administration of vaccines in the school setting will be adhered to
 - Children whose parents/legal guardians have consented will be given LAIV in the primary school setting provided there are no contraindications
- What is the comparison e.g. the uptake in primary school aged children in the 2020-2021 flu season, uptake among children offered flu vaccine in the community only during the 2021-2022 season or teams could collect base line data on the children in the pilot (i.e. have they received the flu vaccine in 2020-2021 asked during consent)
- What is the outcome and how will it be recorded e.g.,
 - The proportion of children who receive the LAIV in a primary school setting.
 - Data will be collected from the school immunisation records which, for the 2021-2022 season, will be a paper-based system for the LAIV

Results/Discussion/Evaluation

This should state the findings, interpretation, limitations and conclusions of the pilot project.

3.2 Preparation for Administration of LAIV in the School Setting

The roles and responsibilities of staff involved in the Schools Immunisation Programme are outlined in the *Supporting Information for Staff School Immunisation Programme 2021-2022 academic year document* which should be adapted to the LAIV administration in the school setting.³

<https://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/suppinfo4staff.pdf>

As part of preparation for the vaccination session, vaccine information packs should be developed locally and sent to the school for onward distribution to all parents. Parents/legal guardian/students should receive this pack through the schools in advance of the planned vaccination session.

This pack should contain:

- An information leaflet for parents in English and Irish (Appendix C)
- A consent form in English and Irish including a pre-vaccination screening questionnaire (Appendix D). Parents should be advised that if their child has already received an influenza vaccine since September this year or has an appointment already arranged, they should not consent for their child to receive a vaccine in school
- A letter for parents sent from the CHO (Suggested wording in Appendix E but should be tailored locally)
- An envelope to return the completed consent form

Prior to the vaccination date it should be ensured that:

- All consent forms are reviewed and children with contraindications to LAIV and children in high-risk groups who require two doses of LAIV are identified (Section 3.5.2)
- All queries should be dealt with so no child attends for vaccination with an outstanding query
- A system should be available locally to deal with immunisation queries or concerns from parents/legal guardians/students and schools
- The target cohort (denominator) should be identified
- The composition of immunisation teams should be agreed locally in advance and will depend on the number of students in the school

Vaccines may be given by trained nurses and midwives working under medicines protocols to administer vaccines as part of the schools immunisation programme. Vaccinators may administer vaccine under Doctor or Registered Nurse Practitioner prescription or under a medicine protocol within their scope of practice.

Prior to vaccination, all clinical staff should be familiar with the following documents

- Medicines protocols and training materials for LAIV will be available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/>
- Immunisation Guidelines for Ireland available at <https://bit.ly/NIACGuide>
- Summary of Product Characteristics (SmPCs) for LAIV available at www.hpra.ie
- "Anaphylactic Reactions: Treatment in the Community" protocol, in the Immunisation Guidelines for Ireland available at <https://bit.ly/NIACGuide>
- HSE Communicating Clearly with Patients and Service Users guidelines <http://bit.ly/CommClear>
- Each vaccinator must also be familiar with
 - Techniques for resuscitation of a patient with anaphylaxis and have completed a Basic Life Support training course within two years
 - Medicine protocols for LAIV and epinephrine/adrenaline, without individual prescription

3.3 Resources and Equipment

The following resources and equipment are required for administration of the LAIV

- A LAIV (This comes as a suspension in pre-filled nasal applicator. Ready to use. No reconstitution or dilution needed)
- Fridge/Cooler box with data logger with external temperature monitoring display to maintain cold chain temperature between +2° to +8°C
- Disposable kidney dishes/trays
- Sharps bins, and bins for the disposal of healthcare risk and non-risk waste
- Alcohol hand sanitiser
- Surgical facemasks
- Access to telephone
- Resuscitation equipment and drugs in accordance with Anaphylaxis: Treatment in the Community (National Immunisation Advisory Committee, 2019) available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf>
- Safe storage areas for medicines and equipment
- LAIV medicine protocol

3.4 Vaccine Ordering and Storage

Vaccines for the pilots should be ordered through the National Immunisation Office (email: Aparna.keegan@hse.ie). You will not be able to place an order through the online system as the LAIV is not routinely ordered by school immunisation teams/CHOs. The vaccine expiry date

should be checked prior to administration. It is important to be particularly aware of the short shelf-life of the LAIV compared to other vaccines when arranging and planning LAIV clinics.

LAIV should be stored in a fridge/cooler box with data logger with external temperature monitoring display to maintain cold chain temperature between +2° to +8°. Vaccines which have been exposed to temperatures outside the permitted range should not be disposed of. These vaccines should be quarantined and maintained between +2° to +8° until advised by the National Immunisation Office.

3.5 Pre-Vaccination Procedures

3.5.1 Consent

Informed consent must be obtained prior to vaccination. This is done through distribution of consent forms via the schools and return of the forms to the schools immunisation team through an envelope included in the immunisation information pack.

The Guide to Professional Conduct & Ethics for Registered Medical Practitioners, 8th Edition, 2019 (Medical Council) states in section 11.1 that:

- “(You must) give patients enough information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care.
- Consent is not valid if the patient has not been given enough information to make a decision” See <http://bit.ly/MC8thEd>

If consent is not given this should be respected, no further appointments for the flu vaccine in the 2021-2022 season will be offered. However, parents/legal guardians can subsequently choose to avail of LAIV through their GP or community pharmacy for as long as supplies are available.

3.5.2 Assessment of the Student for Vaccination

Before assessing the suitability of a student for vaccination:

- Confirm student’s identity
 - Confirm name, address, date of birth and parent or legal guardian’s name by asking: “What is your full name? When is your Birthday? Where do you live? Who signed the consent form? What is their name?”
 - For younger children it may be necessary to confirm identity with the child’s teacher or an appropriate liaison person (as agreed with the School Principal) from the school
- Confirm that informed consent has been given by a parent/legal guardian
- Address any clinical issues raised on the consent form

- This process should identify children for whom the LAIV is contraindicated and children who are in high-risk groups and require two doses of the LAIV 4 weeks apart (Template letters for parents in these circumstances are included in Appendix F)
- Vaccines should only be given to students who are well on the day, and for whom no contraindication is identified as per the Immunisation Guidelines of Ireland available at <https://bit.ly/NIACGuide>
 - The student's temperature should not be checked routinely in the school at the time as this is not conclusive and is therefore unhelpful in the decision-making process
 - Any student feeling unwell on the day or considered by the clinical lead in charge of the vaccination clinic to require deferral of the vaccine should be advised to attend their GP or Pharmacist for vaccination. In this case a letter can be sent home with the child, suggested wording in Appendix F)

3.5.3 Vaccination Record Forms

Once the parent/legal guardian completes their part of the consent form, and the HSE staff introduce clinical content to the form, it should be considered as a clinical record and treated accordingly and stored in accordance with General Data Protection Regulations (GDPR). The Schools Immunisation Information System (SIS) system does not currently have the capability to record details of the LAIV for the 2021-2022 season and therefore this immunisation record will be paper based.

All clinical notes on events around vaccination should be stored as part of the vaccination record on the vaccination form. It is important to ensure that all written information recorded is in black ink, in block capitals and is clear and legible.

For the purposes of the pilot projects in 2021-2022 an evaluation form must be completed (Appendix G) for each school. No identifiable details will be recorded on this form.

Further detail on the operational aspects of the schools immunisation programmes are available in the *Supporting Information for Staff School Immunisation Programme 2021-2022 academic year document*.³ <https://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/suppinfo4staff.pdf>

3.5.4 Clinical Staff Roles

- If the parent/legal guardian requests further clinical advice about the vaccine they can be referred to a clinical member of the vaccination team
- If a parent consents but the student refuses vaccination on the day of the session, the student should not be vaccinated. This must be recorded on the consent form

- If vaccines are refused, the date of refusal and PIN of the person writing the refusal should be added to the form. Please record a reason if stated.
- Where parents/legal guardians have refused consent for vaccination, the reason for refusal should be reviewed by a clinical member of the vaccination team. If there is a clear refusal, parents/legal guardians should not be contacted.
- Where a consent form is returned and a parent/legal guardian has left the consent blank or only filled in the Yes/No sections, a clinical member of the team should phone the parent/legal guardian to seek clarification about their consent. The date and time of the phone call should be recorded on the consent form and the clinician's PIN, consent or refusal witnessed by two members of staff.

3.6 Post-Vaccination Advice

This post-vaccination information leaflet also called the tear sheet

<https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/postvacchildflu.pdf>

(Appendix H) should be given to children/their teachers to be sent home with the child following vaccination. If appropriate, depending on the age of the child, vaccinators may reiterate some of the information that is contained in the information leaflet.

This information leaflet advises parents that:

- Their child received Fluenz Tetra nasal flu vaccine.
- Most children have no problem after this vaccine.
- Some children may get:
 - a runny or blocked nose
 - headache or muscle aches
 - a fever (temperature) after the vaccine.
 - These are usually mild and only last a day or two.
- If their child has a fever (temperature) or a headache they can give them paracetamol or ibuprofen.
- Their child should not be given aspirin or medicines called salicylates, unless they have been prescribed by a doctor.
 - This is especially important in the 4 weeks after getting the vaccine.
- Serious side effects such as a severe allergic reaction are very rare.
- If their child is very unwell after the vaccine, they should talk to their GP (doctor) or Pharmacist as it may be for some other reason

There may be a number of circumstances where additional correspondence with parents is necessary. A number of suggested letter templates are included as Appendix F for these scenarios, for example:

- In relation to a child in a high-risk group who requires two doses of the LAIV vaccine (Section 3.8.1)
- In relation to a child who is eligible for the LAIV but could not receive it on the day e.g., due to a child feeling unwell or refusing vaccination
- In relation to a child for whom the LAIV is contraindicated (Section 2.4), advice should be given to parents that their child should get the QIV (unless also contraindicated). For this pilot programme, children in this category can be referred to their GP or Pharmacist to receive the QIV.

3.7 Post-Vaccination Procedures

Following administration of the vaccine the child should be advised to remain in the vaccination clinic for 15 minutes to allow monitoring for any immediate reaction including possible anaphylactic reaction. The vaccination should be recorded on a vaccination record form and given to the child/teacher to be taken home.

3.7.1 Adverse Reactions

In the unlikely event of adverse reaction occurring following administration of the vaccine, parents/legal guardians/students should inform the school immunisation team of any adverse reactions to the vaccine by contacting the HSE area office.

The vaccinator should report relevant suspected adverse reactions to the HPRA. Details of adverse events may be recorded on the adverse event clinical record (Appendix I). When reporting suspected adverse reactions to the HPRA, details of the brand name and batch number of the vaccine should be included in the report. An adverse reaction report form can be accessed by:

- Following the links to the online reporting options accessible from the HPRA website at <http://bit.ly/HPRAar>
- Using a downloadable report form also accessible from HPRA website, which may be completed manually and submitted to the HPRA via “freepost” available from the HPRA website <http://bit.ly/HPRAIssue>
- By using the traditional “yellow card” report which can be requested in bulk from the HPRA. The “yellow card” also utilises the free post system.

- By telephoning the HPRA Pharmacovigilance Section 01-6764971.

3.7.2 Incident Reporting

In the event of an incident occurring during a vaccination session, an incident report must be completed by the professional primarily involved in the incident and forwarded to the relevant manager and/or to local or regional Risk Manager as per local policy. The vaccine recipient and/or significant others should be informed of the incident.

In the case of medication errors that directly involve the vaccine recipient, i.e., wrong medication/dose/route being administered or another medication error, the vaccinator must remain with the person and closely monitor them for any adverse reactions. The recipient should be reviewed by the relevant medical practitioner/clinical lead/ lead vaccinator and the vital signs should be recorded. The incident must be reported to the relevant line manager/person in charge as soon as possible and the vaccine recipient and/or significant others should be informed of the incident.

The incident and all actions taken must be recorded and the relevant National Incident Management Report Form (NIRF) completed as soon as is practicable after the event occurs and within one working day. The National Incident Report Form (NIRF 01 – V11) (2020) is available at:

<https://www.hse.ie/eng/about/qavd/incident-management/nirf-01-v11-person-interactive.pdf>

Any suspected adverse reactions associated with medication errors should be reported to the HPRA as outlined above.

3.8 Special Considerations for the LAIV Pilot Projects

3.8.1 Management of Children in High-Risk Groups

Children age 2-8 years who are in an at-risk group (practically this will be those aged 4-8 years in a primary school setting) and who have never had **any** flu vaccine before should get two doses of the LAIV four weeks apart. It is expected that this will be a small number of children as the LAIV was available last year and the QIV prior to that for medically at-risk children. For the purposes of the pilot project the CHOs in conjunction with the schools immunisation teams should identify children with underlying conditions, via information on the consent form completed by parents (which includes a pre-vaccination screening questionnaire). Children in this category should be offered one dose of LAIV administered by the schools team and the child should be given a letter advising the parent to attend their GP or Pharmacist four weeks later to receive their second dose (Suggested wording of letter to parent included as Appendix F).

3.8.2 Delayed Vaccination

In the context of the LAIV pilot programme it will not be possible to offer a mop-up clinic as is the case with other schools immunisations. Children who have consented but have missed their vaccination should be directed to their GP or pharmacy to receive their vaccine.

3.8.3 Impact of COVID-19

There have been a number of challenges to the Schools Immunisation Programme due to the COVID-19 pandemic. Some schools remain unable to accommodate school immunisation teams because of space required for social distancing. Where schools are unable to accommodate school immunisation team vaccination can take place in central vaccination clinics (CVCs) or in locally established clinics. Given international evidence of the advantages of a school-based programme, the schools immunisation programme should continue to be delivered in schools where possible and this is the preferred setting for pilot projects.

3.8.4 Evaluation

For the purposes of the pilot projects in 2021-2022 an evaluation form must be completed (Appendix G) for each school. No identifiable details will be recorded on this form.

3.9 Additional Information

Details of training available to support the flu pilot programmes is available in Appendix A. A template for a letter from CHOs to local school Principals explaining the pilot programmes and inviting schools to participate is included as Appendix J. Information on immunisation during COVID-19 including infection prevention and control advice is included as Appendix K.

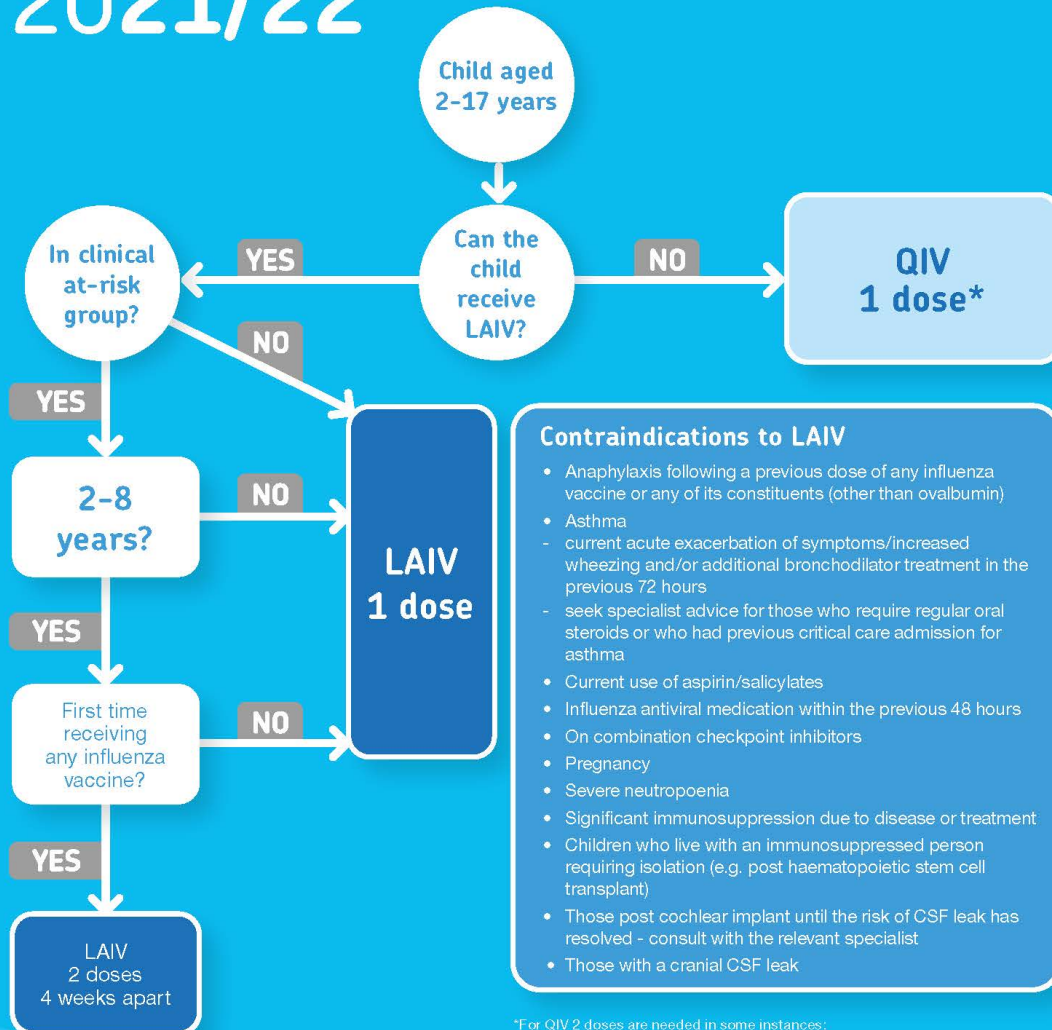
Appendix A: Training Available to Support Pilot Programmes

- 2 HSEland training modules on LAIV developed by NIO. These programmes can be found by following these steps:
 - Register or Log into HSEland
 - Select Course Catalogues along the top ribbon
 - Select Clinical skills on the page that opens
 - Select National Immunisation Office from the programme options
 - Select Influenza vaccination and begin the programmes by enrolling.
- Website www.hse.ie/flu has been updated to provide information for those who are recommended the influenza vaccine through the HSE programme.
- LAIV Medicines Protocols available here:
www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/
- FAQs to support vaccinators available here:
www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/flufaq/
- A video to demonstrate how to give a nasal flu vaccine produced by the NIO available here:
<https://youtu.be/89N1Yf9svRk>
- There are also limited training nasal applicators that could be made available if vaccinators wish to practice administration of nasal flu vaccine.

Appendix B: LAIV in Children Algorithm

Algorithm outlining the procedure for the LAIV in children aged 2-17 years available at:
<https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/laivalgorithm.pdf>

Flu Vaccine for children 2021/22



QIV: Quadrivalent influenza vaccine (split virion, inactivated)

LAIV: Live attenuated influenza vaccine. Fluenz Tetra

*For QIV 2 doses are needed in some instances:

- 2 Doses four weeks apart for children aged 2-8 years old who are receiving flu vaccine for first time.
- 2 Doses four weeks apart if post haematopoietic stem cell or solid organ transplant and receiving influenza vaccine for the first time post-transplant.
- Cancer patients who receive the vaccine while on chemotherapy and who complete their treatment in the same season require two doses with the 2nd dose at least 4 weeks after completion of chemotherapy and at least 4 weeks after 1st dose (regardless of influenza vaccination in previous seasons).

hse.ie/flu
Public Health Advice
Order Code: HNI01367



**Protect yourself.
Protect others.**



Appendix C: Pre-Vaccination Information Leaflet for Parents

Patient information leaflet is in different translations, is available here:

<https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/>



Vaccination Consent Form for children in primary school					Vaccination Consent Form for children in primary school					
Fluenz Tetra (LAIV) nasal flu vaccine					Fluenz Tetra (LAIV) nasal flu vaccine					
<small>If you wish to give consent, please fill in Parts 1,2 and 4. If you do not wish to give consent, please fill in part 1 & 3.</small>										
<small>Please note only a parent or legal guardian can consent or refuse consent for students. Read more about consent on the HSE website https://bit.ly/ConsentHSE Please return form to your school as soon as possible in the envelope provided.</small>										
<small>Privacy Statement: HSE staff are aware of their obligation under the Data Protection Act, 1988-2018 (including GDPR). The information provided will be included in an immunisation database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.</small>										
Part 1: Personal Details										
Complete this part for all children (PLEASE USE BLOCK CAPITALS)										
Child's Forename:										
Child's Middle Name:										
Child's Surname (Family Name):										
Otherwise known as:										
Child's Personal Service Number (PPSN):										
Child's Date of Birth:					D/M/YYYY					
Gender (please circle)	Male	Female								
Mother's Surname at birth:										
Child's Address:										
Eircode:					County:					
Parent/Legal Guardian Forename and Surname:										
Parent/Legal Guardian Daytime Phone Number:										
Parent/Legal Guardian Mobile Phone Number:										
Do you consent for getting texts about vaccine appointments? (please circle)	Yes	No								
Parent/Legal Guardian Email Address:										
Do you consent for getting emails about vaccine appointments? (please circle)	Yes	No								
School:					Class:					
1					Version 1.0 BtH October 2021					
For Office Use Only:										
Class	School Roll Number	Client ID	Name	Date of Birth	Class	School Roll Number	Client ID	Name	Date of Birth	
Choose Part 2 (YES) or Part 3 (NO)										
Part 2 Please tick each box and sign to say YES										
<input type="checkbox"/> I have read and understand the vaccine information including the known side effects <input type="checkbox"/> I understand that I am giving consent for the administration of Nasal Flu vaccine <input type="checkbox"/> I confirm that I am authorised to give consent on behalf of the above named child ✓ YES, I consent to the above named child to receive the flu vaccine.										
Signature: _____					Date: _____ D/M/YYYY					
Name (Please print): _____ <small>(Please tick): Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/></small>										
Please answer the questions in Part 4 on pages 3 and 4 about your child										
OR										
Part 3 Please tick each box and sign to say NO										
<input checked="" type="checkbox"/> I have read and understood the accompanying vaccine information, including known side effects. <input checked="" type="checkbox"/> I confirm by signing this form that I am authorising to refuse consent on behalf of the above named child. <input checked="" type="checkbox"/> NO, I do not consent to the vaccination of the above named child with flu vaccine.										
Signature: _____					Date: _____ D/M/YYYY					
Name (Please print): _____ <small>(Please tick): Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/></small>										
Reason for Refusal: _____										
2					Version 1.0 BtH October 2021					
For Office Use Only:										
Class	School Roll Number	Client ID	Name	Date of Birth	Class	School Roll Number	Client ID	Name	Date of Birth	
Part 4 Screening questions about your child										
If you signed Yes in Part 2 please answer the following questions for your child. A member from the vaccination team will contact you if they need to talk about any of the information you have given.										
Has your child already had a flu vaccine since September 2021 or does your child have an appointment to receive the flu vaccine from their GP or Pharmacist?										
					Yes	No				
Has your child ever had a severe allergic reaction to anything including medication or vaccines? If yes, please provide details _____										
					Yes	No				
Has your child needed an Intensive Care Unit (ICU) admission following an allergic reaction to eggs?										
					Yes	No				
Has your child been diagnosed with asthma?										
					Yes	No				
If yes did your child take regular steroids for their asthma and/or has your child ever been admitted to ICU/Critical Care for Asthma?										
					Yes	No				
Does your child take aspirin/halcitricins medication?										
					Yes	No				
Does your child have a severely weakened immune system due to disease or treatment? e.g., leukaemia/lymphoma or high dose steroids or severe neutropenia										
					Yes	No				
Does your child live with anyone currently having treatment that severely affects their immune system? e.g., someone who has had a bone marrow transplant?										
					Yes	No				
Does your child take medication called combination checkpoint inhibitors e.g., ipilimumab plus nivolumab?										
					Yes	No				
Is your child known to have a condition causing a Cerebrospinal Fluid (CSF) leak and/or has your child had a recent cochlear implant?										
					Yes	No				
Did your child receive the flu vaccine last year?										
					Yes	No				
Has your child ever received the flu vaccine before?										
					Yes	No				
3					Version 1.0 BtH October 2021					

Appendix E: Suggested Wording for Letter for Parents from Local CHO

Dear Parent/Legal Guardian

The HSE school vaccination team will visit your child's school on **X** date. The HSE is offering your child the nasal flu vaccine. If your child is in Junior Infants this vaccine may/will be offered on the same day as their regular school vaccinations which you will also receive information about from the schools immunisation team.

The flu vaccine is recommended for all children aged 2-17 years. The vaccine that your child is being offered is called Fluenz Tetra. It is a safe and effective vaccine that is given as a nasal spray.

All children can get the nasal flu vaccine by visiting their GP or local Pharmacist however, this year your child is also being offered this vaccine in school.

Getting the flu vaccine will protect your child against infection with flu which can sometimes cause complications in children. Complications of flu in children include:

- Pneumonia
- Bronchitis
- Rarely inflammation of the brain (encephalitis)

Vaccinating your child benefits them and also benefits their community as children can spread flu to those around them including those who may be older or have underlying medical conditions.

Please find attached:

- An information leaflet about the nasal flu vaccine in children
- A consent form for vaccination
- An envelope to return the signed consent form

Please read the information leaflet, complete the consent form and return it in the attached envelope. You can find Irish translations of the information leaflet and consent form on our website at <https://bit.ly/PilotLAIV2122>

You can find further information in the attached materials or at www.hse.ie/flu or you can speak to your GP or Pharmacist.

If your child has already received a flu vaccine since September this year or has an appointment already arranged, please do not consent for your child to receive a flu vaccine in school. If you consent for your child to have the flu vaccine in school and they subsequently get the flu vaccine

from their GP or Pharmacist please inform the schools immunisation team as they will not have access to this information.

There will be a small number of children not able to have the nasal spray flu vaccine because of pre-existing medical conditions or treatments. They will be identified by the information provided by you on the attached consent form. If your child falls into this category, they should still be vaccinated against flu with an injected vaccine unless this vaccine is also contraindicated. They should attend their GP or Pharmacist to receive their flu vaccine, you will need to contact your GP or Pharmacist and make an appointment to arrange this.

Furthermore if there is any change in the medical conditions since the completion of the consent questionnaire please contact the team on Telephone: Email:

Additionally, if you have any questions or concerns, members of the vaccination team are happy to help.

Yours sincerely

Appendix F: Suggested Template Letters

Template letter 1: Child in high-risk group who requires second dose of LAIV in four weeks

Dear Parent/Legal Guardian,

Your child received their nasal spray flu vaccine today given by the schools immunisation team. Along with this letter, you will also receive a post-vaccination information leaflet sent home from school with your child.

Based on the information you provided to the immunisation team in the pre-vaccination consent form, your child is in a group **at high-risk of complications from influenza infection and therefore requires a second dose of the vaccine for maximum protection.**

This second dose of the nasal spray flu vaccine should be given in **four weeks time**. This will be available free of charge from your child's GP or Pharmacist. Please make an appointment with your GP or Pharmacist for your child to receive this vaccine and bring this letter and the post-vaccination information leaflet with the details of your child's vaccination with you.

Yours sincerely,

Template letter 2: Child who is eligible for LAIV but did not receive on the day as, for example, the child felt unwell or refused vaccination

Dear Parent/Legal Guardian,

Unfortunately, due to an issue identified on the day by the schools immunisation team, **your child did not receive the nasal spray flu vaccine in school today.**

Your child can still receive the nasal spray flu vaccine at an alternative time from your GP or Pharmacist and your child should still be vaccinated against the flu to protect them against infection with flu which can sometimes cause complications in children. Vaccinating your child benefits them and also benefits their community as children can spread flu to those around them including those who may be older or have underlying medical conditions.

The flu vaccine is available to all children aged 2-17 years free of charge from your GP or pharmacy. Please make an appointment with your GP or Pharmacist for your child to receive this vaccine.

Yours sincerely,

Template letter 3: Child identified as having a contraindication to the LAIV advising them to get QIV

Dear Parent/Legal Guardian,

Many thanks for completing the consent form for your child to receive the nasal spray flu vaccine.

Based on the information provided to the schools immunisation team in this form, your child **should not receive the nasal spray flu vaccine** due to their pre-existing medical condition or current medical treatment.

Your child should still be vaccinated against the flu to protect them against infection with flu which can sometimes cause complications in children. Vaccinating your child benefits them and also benefits their community as children can spread flu to those around them including those who may be older or have underlying medical conditions. **Therefore, your child should receive the injected flu vaccine.**

Please make an appointment with your GP or Pharmacist for your child to get the injected flu vaccine and bring this letter with you.

Yours sincerely,

Appendix G: Evaluation Form

Evaluation Form for Completion and return to the NIO following the administration of the LAIV in a primary school setting									
	Total	Junior Infants	Senior Infants	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class	6 th Class
What is the total number of children attending the school?									
How many children attending the school were offered the vaccine?									
How many children attending the school were vaccinated?									
How many parents refused consent?									
How many children had a contraindication to receiving the LAIV flu vaccine?									
How many children with a contraindication were advised to attend their GP/Pharmacy to get the QIV vaccine?									
How many children had an underlying medical condition?									
How many children had never received a flu vaccine before?									
How many children were identified as requiring a second dose of LAIV based on the information provided?									
How many parents needed to be contacted directly by phone prior to the vaccination session?									

Date of immunisation session				/	/
Time started					
Time finished					
Duration of breaks taken					
What was the estimated average time (mins) per vaccine administered?					
How many LAIV vaccines were taken to the school?					
How many LAIV vaccines were used?					
How many LAIV vaccines were unused/had to be returned?					
If applicable what were the reasons why the vaccines were unused/had to be returned?					
For those children in Junior Infants, was the flu vaccine administered alone or with the 4 in 1/MMR vaccines?					
What was the number of adverse incidents associated with administration of the LAIV?					
Please provide details of any adverse incidents					
How many staff attended the school for the immunisation session?					
Total Staff	Nursing Staff	Administrative Staff	Medical Staff		
Prior to the immunisation session, how much administrative and medical/nursing time was required to plan the session, review forms, contact parents directly?					
Estimated administrative time (by administrative staff)?				Hours	
Estimated nursing/medical time?				Hours	
What were the key learning points from this pilot project?					

Appendix H: Post-Vaccination Information Leaflet for Parents

Post-vaccination information leaflet for parents/tear sheet available at:
<https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/postvacchildflu.pdf>

For Children

FLU

VACCINE

Protect yourself.
Protect others.

Name: _____

Vaccination Date:

D

D

M

M

Y

Y

Y

Y

Vaccine Given: **Fluenz Tetra** (Live Attenuated Influenza Vaccine)

Batch No: Expiry Date:

D

D

M

M

Y

Y

Y

Y

Today your child received Fluenz Tetra nasal flu vaccine. Most children have no problem after this vaccine. Some children may get:

• a runny or blocked nose,

• headache or muscle aches,

• a fever (temperature) after the vaccine.

These are usually mild and only last a day or two.

If your child has a fever (temperature) or a headache you can give them paracetamol or ibuprofen.

Do not give your child aspirin or medicines called salicylates, unless they have been prescribed by a doctor. This is especially important in the 4 weeks after getting the vaccine. Serious side effects such as a severe allergic reaction are very rare.

Talk to your GP (doctor) or pharmacist if your child is very unwell after the vaccine, as it may be for some other reason.

Please visit www.hse.ie/flu for more information.

hse.ie/flu

Public Health Advice

FLU

VACCINE

Protect yourself.
Protect others.

HE

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Toolkit to Support the Administration of Flu Vaccination to Primary School Children in the School Setting. Version 1

Appendix I: Adverse Clinical Record Form

Adverse event clinical record available from

<https://www.hse.ie/eng/health/immunisation/hcpinfo/schoolproghcp/aeci.pdf>

Appendix J: Suggested Wording for Letter for Principals from Local CHO

Dear Principal,

Principals and staff of primary schools have been instrumental in the implementation of the HSE's Schools Immunisation Programme to protect children from serious infectious diseases.

Last year the new nasal flu vaccine was introduced in Ireland. This was delivered through GPs and pharmacies but only a third of younger children were vaccinated. Parents can once again choose to get the flu vaccine for their child at their GP or local pharmacy this season. However, in countries such as the United Kingdom where the flu vaccine is delivered through primary schools – there has been a significant increase in uptake and reduction in flu transmission in the community.

Therefore, this season we would like to invite your school to partner with your school immunisation team to deliver the flu vaccine directly to children to increase uptake as part of a pilot initiative. Parents will be asked to consent to the vaccine and will be sent an information pack. The vaccine will be administered free of charge.

The flu vaccine is really important particularly in younger children to reduce flu related complications such as bronchitis, pneumonia and encephalitis. Getting children protected will also reduce absenteeism from school. Vaccinating children also benefits their community as children can spread flu to those around them including those who may be older or have underlying medical conditions. This is particularly important this winter where there may be COVID-19 circulating.

Please find attached:

- An information leaflet about the flu vaccine in children

If you need more information about the flu pilots, the school vaccination team are happy to assist. Do let us know if you are interested in supporting these flu pilots before *(insert date)* by contacting us via *(insert details)*

We appreciate your continued support of the schools vaccination programme.

Yours sincerely,

Appendix K: Immunisations During the COVID-19 Pandemic

The World Health Organization state that immunisation services are an essential health service and should be maintained. The Departments of Health and Education are supportive of continuing immunisation services in schools during academic year 2021-2022.

Due to COVID-19 guidelines being implemented in schools, it would be advisable to make contact with each school to discuss how this may affect the set up for immunisation sessions. For example, some schools may be using halls as classrooms, and so another space may need to be used for immunisations.

The school should be reassured that all staff will be following HSE infection control guidelines and will take every precaution to ensure the safety of pupils and staff when on the premises. Children should not be attending school if they have COVID-19, or have been asked to self-isolate due to contact with COVID-19. Usual checks should be made to ensure that the child is feeling well on the day of immunisation.

Infection Prevention and Control Advice

Social distancing measures

Maintain social distancing between all individuals at all times where possible and ensure that all students spend the minimum possible time at the session.

In the vaccine session, the seat for the student should be placed 1 m away from any table top, shelf or works surface if possible. Social distance signage could be displayed at the entrance and inside the clinic to maintain the physical space between staff members and also between students.

Standard and transmission precautions

Adherence to Standard Precautions with all individuals at all times is paramount to maintain the safety of the students and staff at the vaccine clinic which include:

- Hand hygiene: Perform hand hygiene with alcohol hand gel immediately before and after each physical contact with the student.
- Hand gel dispensers: Alcohol hand gel sanitisers can be provided at the entrance and exit of the vaccine session, if the school does not have these already, to promote the hand hygiene for all staff and student.

- Promotion of respiratory hygiene and cough etiquette: Use tissue or sleeves to cover nose and mouth while coughing /sneezing and followed by hand hygiene.

PPE requirement

Administering a vaccine is a low-level clinical activity to a healthy student so a surgical mask is adequate as it is recommended by HPSC to all healthcare staff while carry out their clinical activities. There is no requirement of additional PPE as the vaccine is delivered to a healthy student who has no respiratory symptoms or fever.

Safe use of masks

Always change your mask:

- When you answer the telephone or take a drink/break
- When leaving a clinical area
- If your mask is wet, dirty or damaged

Staff uniforms/clothes must be laundered daily

Routine cleaning: The table top and work surfaces must be cleaned thoroughly at the end of the vaccine session with disinfectant wipes.

Reusable medical equipment must be cleaned after each use.

Please refer to HPSC guidelines for up to date information on infection prevention and control:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/>

References

1. National Immunisation Advisory Committee. NIAC Guidelines Chapter 11 Influenza. Dublin: NIAC; 2021.
2. Pebody RG, Green HK, Andrews N, Boddington NL, Zhao H, Yonova I, et al. Uptake and impact of vaccinating school age children against influenza during a season with circulation of drifted influenza A and B strains, England, 2014/15. Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin. 2015;20(39). 10.2807/1560-7917.es.2015.20.39.30029
3. National Immunisation Office. Supporting Information for Staff School Immunisation Programme 2021-2022 academic year. Dublin: NIO; 2021.
4. Nguyen-Huu NH, Thilly N, Derrough T, Sdona E, Claudot F, Pulcini C, et al. Human papillomavirus vaccination coverage, policies, and practical implementation across Europe. Vaccine. 2020;38(6):1315-31. 10.1016/j.vaccine.2019.11.081
5. Hofstetter AM, Rosenthal SL. Factors impacting HPV vaccination: lessons for health care professionals. Expert review of vaccines. 2014;13(8):1013-26. 10.1586/14760584.2014.933076
6. Tiley K, Tessier E, White JM, Andrews N, Saliba V, Ramsay M, et al. School-based vaccination programmes: An evaluation of school immunisation delivery models in England in 2015/16. Vaccine. 2020;38(15):3149-56. 10.1016/j.vaccine.2020.01.031
7. Public Health England. Childhood Influenza Pilot Programme, England 2014/15. London: Public Health England; 2016.
8. Green HK, Andrews N, Letley L, Sunderland A, White J, Pebody R. Phased introduction of a universal childhood influenza vaccination programme in England: population-level factors predicting variation in national uptake during the first year, 2013/14. Vaccine. 2015;33(22):2620-8. 10.1016/j.vaccine.2015.03.049