



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte  
Seirbhís Aisioca Príomhchúraim  
Bealach amach 5 an M50  
An Bóthar Thuaidh  
Fionnghlas  
Baile Átha Cliath 11

Health Service Executive  
Primary Care Reimbursement Service  
Exit 5, M50  
North Road  
Finglas  
Dublin 11

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15 August 2011

Circular No. 017/11

**Re: 2011 Seasonal Flu Vaccine**

Dear Pharmacist,

You will be aware that the Minister for Health, Dr James Reilly TD and the Minister of State for Primary Care, Róisín Shortall TD, have asked that arrangements be made to enable Community Pharmacists administer the seasonal flu vaccine this year. Legal issues associated with the administration of vaccines by pharmacists are currently being examined by the Department of Health.

Meanwhile, the HSE seeks expressions of interest from Community Pharmacists who wish to deliver a vaccination service for the 2011 Seasonal Flu Campaign.

If you wish to deliver the service for this campaign, please complete the form attached and return for the attention of Ms Kate Mulvenna at the PCRS, Exit 5 M50, North Road, Finglas, Dublin 11, before 26 August 2011.

You will note that the form requires the Pharmacy Contractor and the Supervising Pharmacist to sign the required confirmations before the pharmacy contractor can be added to the list of locations to which the vaccine can be delivered.

Yours sincerely,

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Patrick Burke  
Primary Care Reimbursement Service

## Pharmacy Application Form – 2011 Seasonal Flu Vaccine

I wish to apply to provide a vaccination service in respect of 'Persons 65 years and over' on behalf of the HSE for the 2011 Seasonal Flu Campaign.

Name of Pharmacy Contractor: \_\_\_\_\_

Address of Pharmacy Contractor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

GMS No of Pharmacy Contractor: \_\_\_\_\_

I can confirm the following:

Y / N

- |  |                          |
|--|--------------------------|
| 1. The pharmacist professional staff administering the vaccine have completed or will have completed the requisite programmes of education and training as accredited by the PSI prior to providing the vaccination service. | <input type="checkbox"/> |
| 2. The premises where the vaccination service will be provided is deemed satisfactory for the purpose by the PSI.  | <input type="checkbox"/> |
| 3. The pharmacy contractor holds professional indemnity cover to encompass this extended service which I will be providing under the provisions of the Pharmacy Contractor Agreement that I hold with the HSE.               | <input type="checkbox"/> |
| 4. I will transmit the public health requirements of the HSE electronically in the form set out by the HSE.  | <input type="checkbox"/> |
| 5. I will comply with all relevant HSE policies and procedures in the administration of the Seasonal Flu Vaccine.  | <input type="checkbox"/> |

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Pharmacy Contractor

Signature \_\_\_\_\_ Professional  
Supervising Pharmacist Registration No. \_\_\_\_\_