

HSE NATIONAL IMMUNISATION OFFICE

# IMMUNISATION BULLETIN 53

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## THIS EDITION COVERS

- NEW recommendations on COVID-19 booster vaccination from NIAC
- Observation time after vaccination
- Co-administration of COVID-19 vaccines and other vaccines in children aged 5-11 years
- Monkeypox vaccine and subsequent COVID-19 vaccination
- IPV-Boostrix no longer available in Ireland
- Sprint 22a Hotfix

## NEW recommendations on COVID-19 booster vaccination from NIAC

Plans are in place for the implementation of the recommendations. Please note that training on HSELand and supporting documents are currently being updated with these new recommendations.

### First booster doses

A first booster dose is recommended for children aged 5-11 who are immunocompromised associated with a sub-optimal response to vaccination at the time of the primary series (as per area shaded in **BLUE** in [Table 5.a2](#)).

A booster dose is also recommended for children aged 5-11 have become immunocompromised following completion of the primary vaccination course. They do not require an additional dose as they are expected to have had an adequate response to the primary vaccination course.

### Second booster doses

- People aged 65 and older (previously recommended)
- People aged 12-49 with immunocompromise associated with a sub-optimal response to vaccination at the time of the primary or 1st booster dose (previously recommended) (as per area shaded in **BLUE** in [Table 5.a2](#))
- People aged 50-64 (**new**)
- People aged 12-49 with underlying medical conditions at high or very high risk of severe COVID-19 disease (as per area shaded in **WHITE** in [Table 5.a2](#)) (**new**)
- People aged 12-49 resident in long term care facilities (**new**)
- Pregnant women (at 16 weeks gestation or later to provide optimal protection to the mother and infant) (**new**)
- Healthcare workers aged 12-49 (at the same time as the flu vaccine where practicable) (**new**)

### Third booster doses

- People aged 65 years and older (at the same time as the flu vaccine) (**new**)
- People aged 12-49 with immunocompromised associated with a sub-optimal response to vaccination at the time of the primary or 1st booster dose (as per area shaded in **BLUE** in [Table 5.a2](#)) (at the same time as flu vaccine) (**new**)

## NEW recommendations on COVID-19 booster vaccination from NIAC (cont. from page 2)

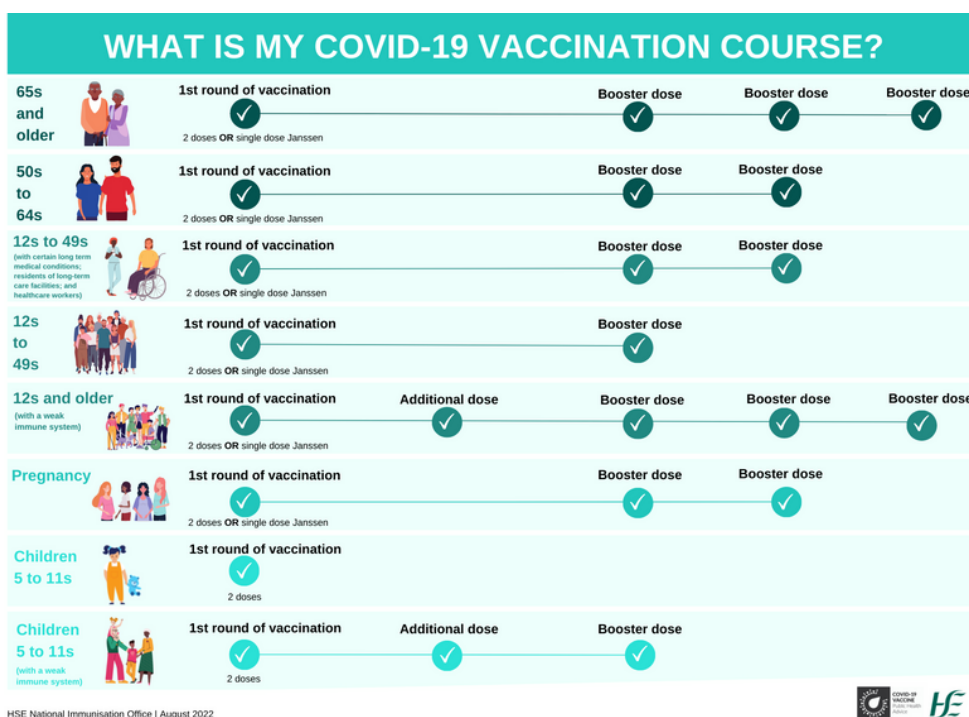
### Summary of recommended doses of COVID-19 vaccine

Table 1: NIAC recommendations for COVID-19 vaccines by age and immune status July 2022.

Group		Primary course*	Additional dose	1 <sup>st</sup> booster	2 <sup>nd</sup> booster	3 <sup>rd</sup> booster
65 years and older		√√		√	√	√
50-64 years		√√		√	√	
12-49 years	<i>Underlying medical conditions</i>	√√		√	√	
	<i>Residents of long term care facilities</i>	√√		√	√	
	<i>Healthcare workers</i>	√√		√	√	
	<i>Others</i>	√√		√		
Pregnancy		√√		√	√**	
5-11 years		√√				
12 years and older	<i>Immunocompromise associated with a sub optimal response to vaccines</i>	√√	√	√	√	√
5-11 years		√√	√	√		

\*two dose primary course (one dose if COVID-19 vaccine Janssen)

\*\*at 16 weeks gestation or later if not already boosted in this pregnancy



Download our COVID-19 Vaccination Journey [here](#).



## NEW recommendations on COVID-19 booster vaccination from NIAC (cont. from page 3)

### New recommendations for the second booster dose in pregnancy

All pregnant women should have received a primary COVID-19 vaccination course as well as a first booster dose, in line with the recommendations for the general population. If a pregnant woman has not already received these vaccines, she should receive the required vaccines at the recommended intervals, which can be given at any stage of pregnancy.

Pregnant women who have already completed primary and first booster vaccination, are recommended a second mRNA vaccine booster dose in pregnancy. The timing of this second booster dose should be at 16 weeks gestation or later. This timing is to enhance protection to the mother and the infant. Pregnant women who have had COVID-19 infection should receive the second booster dose at least 4 months after diagnosis (and at 16 weeks or more gestation).

If a first booster mRNA vaccine dose has already been administered earlier in the pregnancy, a second booster dose is not required.

### New recommendations for the use of Nuvaxovid® vaccine

- The National Immunisation Advisory Committee has recommended that Nuvaxovid® may be considered for individuals from the age of 12 years who have a contraindication or clinical precaution to an mRNA vaccine, or who have decided not to receive an mRNA vaccine.

### New recommendations on the interval for booster doses

The recommended interval for booster doses (1st, 2nd and 3rd booster dose) is now at least 4 months since the last dose of a COVID-19 vaccine. In exceptional circumstances a 3-month interval may be used.

This applies to all age groups and all COVID-19 vaccines.

### What is the recommended interval for the booster dose following COVID-19 infection?

- Age 12 years and older: 4 months (in exceptional circumstances 3 months). This interval applies to all COVID-19 vaccines.
- Aged 5-11 years: 4 months.

## NEW recommendations on COVID-19 booster vaccination from NIAC (cont. from page 4)

### Summary of recommended intervals for COVID-19 vaccination

Recommended interval since last vaccine dose		
	Additional dose	Booster dose**
Age 12 years and older	At least 4 months*	At least 4 months*
Age 5-11 years	At least 28 days	At least 4 months*
Recommended interval since COVID-19 infection		
	Additional dose	Booster dose**
Age 12 years and older	At least 4 months*	At least 4 months*
Age 5-11 years	At least 4 months*	At least 4 months*

\*in exceptional circumstances a 3-month interval may be used

\*\*applies to 1st, 2nd and 3rd booster dose

## Observation time after vaccination

NIAC **no longer recommends** that the 15 minute observation period following administration of a homologous or heterologous booster COVID-19 mRNA vaccine can be waived.

This means that all individuals receiving a COVID-19 booster dose should be observed for a minimum of 15 minutes following vaccination. This is standard international recommendation following vaccination.

### Post vaccination observation period

- Vaccine recipients: 15 minutes.
- Those with a history of mastocytosis: 30 minutes
- Those with immediate itching, swelling or urticarial reaction at the vaccination site: 30 minutes or longer as clinically indicated

## Co-administration of COVID-19 vaccines and other vaccines in children aged 5-11 years

COVID-19 vaccine and other live and non-live vaccines (including Influenza vaccine and vaccines given in school) can now be given at the same time or at any interval. The only exception to this is Monkeypox/smallpox vaccine (see below).

Where vaccines are co-administered they should be given in different limbs.

See Chapter 5a of Immunisation Guidelines [here](#).

## Monkeypox vaccine and subsequent COVID-19 vaccination

For all age groups, there should be an interval of four weeks between monkeypox/smallpox vaccine and a subsequent COVID-19 vaccine because of the unknown risk of myocarditis. No interval is required between a COVID-19 vaccine and a subsequent monkeypox/smallpox vaccine (see Chapter 13a of Immunisation Guidelines).

See Chapter 13a of Immunisation Guidelines [here](#).

## IPV-Boostrix no longer available in Ireland

IPV-Boostrix, which is used for catch-up vaccination and vaccination of individuals following Solid Organ Transplant, Haemopoetic stem cell transplant and chemotherapy is no longer being supplied to Ireland.

The National Immunisation Advisory Committee have issued advice regarding alternative vaccines as follows:

**Table 2.4a** Catch-up schedule for unvaccinated or incompletely vaccinated aged 10 years and older if Tdap/IPV is unavailable

Vaccine	10-13 years	14 – 17 years	18 years and older
DTaP/IPV	3 doses $\geq 28$ days apart		
Tdap		1 dose <sup>1</sup>	1 dose <sup>1</sup>
Td/IPV		3 doses $\geq 28$ days apart – leave $\geq 28$ day gap after Tdap <sup>2</sup>	3 doses $\geq 28$ days apart – leave $\geq 28$ day gap after Tdap <sup>2</sup>
MenC	1 dose up to 23 years of age, if Men C containing vaccine not given at age $\geq 10$ years		
MMR	2 doses $\geq 28$ days apart <sup>3</sup>		
<b>NOTE</b>	Booster of Td/IPV 5 years after primary course; Tdap 10 years later		

<sup>1</sup> Only one dose of Tdap is required due to likely previous exposure to pertussis infection

<sup>2</sup> There may be increased reactogenicity due to four tetanus containing vaccines in a short time

<sup>3</sup> For HCWs or contacts in outbreaks born in Ireland since 1978 or born outside Ireland; and for adults from low resource countries, without evidence of two doses of MMR vaccine

**Vaccines are available to order from the National Cold Chain Service:**

- DTaP/IPV (Tetravac®, Sanofi Pasteur)
- Tdap (Boostrix®, GSK)
- Td/IPV (Revaxis®, Sanofi Pasteur)

See Chapter 2 of Immunisation Guidelines [here](#).

## Sprint 22a Hotfix

New Risk factor picklist on COVAX for vaccinator to select before administering the second and third booster or any additional doses.

### Risk categories in picklist on COVAX:

Medical	Occupation	Age	Residency
Chronic Respiratory Disease	Healthcare worker – Medical/Dental	Age 50 to 64	Resident of a nursing home or long stay facility
Chronic Heart Disease	Healthcare worker – Nursing	Age 65 and over	
Chronic Renal Failure	Healthcare worker – Health + Social Care Staff	Age 5-11 years (IC)	
Chronic Liver Disease	Healthcare worker – Management/Admin		
Chronic Neurological Disease	Healthcare worker – General Support Staff		
Immunosuppressed	Other Healthcare Worker		
Diabetes Mellitus			
Pregnant			
BMI > 35			
Haemoglobinopathies			
Inherited metabolic diseases			
Down Syndrome			
Intellectual disability excluding Down Syndrome			
Severe mental illness			

- A vaccinator will have to ask the person attending for vaccination what risk factors or medical conditions they have to make them eligible for the second booster.
- Then the vaccinator will have to pick the relevant risk factor in the drop list before the person is vaccinated.
- For those aged 12-49 years receiving their second booster - in the risk factors list is available in the National immunisation Guidelines (pages 14-15)

See Chapter 5a of Immunisation Guidelines [here](#).

### Aged 5-11 years and Immunocompromised Booster: New vaccine schedule added to COVAX with Interval 4 months

- **Category:** COVID-19 Booster and **Schedule:** Comirnaty children 5-11 years-Immunocompromised
- **From the new guidance from NIAC changes on COVAX in the medical Eligibility Assessment form will not come to mid-September**

In mean time, select option that allows the vaccine to be administered and make a note of what you did in the clinical notes section and why.

- 1.2 eligibility questions not needed - co-administration within 14 days question for Nuvaxovid or Comirnaty children
2. Change to Nuvaxovid as a primary course question - can now have booster or additional dose with a risk assessment
3. Post COVID-19 wait period question changed to 4 months for all doses subsequent to the primary course
4. New question on Monkeypox vaccine in last 4 weeks coming in sprint 23



## Website

Visit our website [www.immunisation.ie](http://www.immunisation.ie) regularly for the most up to date information to support vaccinators and health professionals responding to queries.

 Visit website [here](http://www.immunisation.ie).

## HSeLanD Vaccination Training Programme

### COVID-19 vaccination training programme

You can access updates to the National Immunisation Office COVID-19 Vaccination Training Programme for

- Children 5 to 11
- Pfizer,
- Moderna,
- Janssen, and
- Nuvaxovid vaccine

through your HSeLanD account.

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.

### Other immunisation training programmes

You will also find other programmes developed by our office by logging into your account on [www.hseland.ie](http://www.hseland.ie) selecting **courses** then selecting **clinical skills** and finally selecting **National Immunisation Office**.

Our programmes cover topics like "Communicating about vaccines", "HPV vaccine", the "Flu vaccine", "LAIV flu vaccine" and "vaccines in pregnancy", "Vaccines - supporting people from Ukraine" and "Storing and Managing Vaccines".

 Visit HSeLanD [here](http://www.hseland.ie).

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

 Contact HSeLanD [here](http://www.hseland.ie).

## Do you have queries?

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

 Send your query [here](mailto:clinical@immunisation.ie).

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

- Cliona Kiersey: mobile 087 9915452
- Achal Gupta: mobile 087 4064810

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



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