



**Information for  
Healthcare Professionals  
on Catch-Up Vaccination:  
Children who have  
come to Ireland  
from another country**

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## CHILDREN WHO HAVE COME TO IRELAND FROM ANOTHER COUNTRY: INFORMATION FOR HEALTHCARE PROFESSIONALS ON CATCH-UP VACCINATION

It is important that children coming to Ireland are age-appropriately vaccinated to protect them against vaccine preventable diseases especially as they may be living in congregate settings such as hotels and reception centres.

**As a priority every effort should be made to ensure that children are up to date with MMR and polio-containing vaccines.**

### Approach to immunisation for a child from another country attending healthcare

- a) Check immunisation status (pay particular attention to MMR and Polio-containing vaccines):
1. Ask the parent or guardian if the child has been age-appropriately vaccinated.
  2. Ask the parent or guardian if immunisation records are available.
  3. Children and adults coming to Ireland who do not have a documented or reliable verbal history of immunisation, should be assumed to be unimmunised. This includes those coming from areas of conflict. It may be assumed that undocumented doses have not been received, and the Irish catch-up recommendations for that age should be followed.
- b) Administer catch-up vaccines for the child's age if required. Children should be immunised according to the Irish immunisation schedule. This is because they will be living in Ireland and should be protected from diseases that are common in Ireland and/ can have serious consequences.

This is a link to information from the World Health Organization (WHO) on vaccine schedules in countries worldwide:



[WHO WORLDWIDE VACCINE SCHEDULE](#)

### Catch-up with Irish schedule

Children, who are incompletely vaccinated, should catch up to the Irish schedule as per the Immunisation Guidelines for Ireland.

See Page 2 and 3 for information.

Source: RCPI, National Immunisation Advisory Committee, Immunisation Guidelines for Ireland.



[CHAPTER 2](#)

**Table 2.3 Catch-up schedule for unvaccinated or incompletely vaccinated aged 4 years to <4 years**

Vaccine	4 months to <12 months	1 to <2 years	2-<4 years
<b>DTaP/IPV/HepB<sup>1</sup>/Hib<sup>2</sup> 6 in1</b>	3 doses ≥8 weeks apart	3 doses ≥8 weeks apart <sup>2</sup>	3 doses ≥8 weeks apart <sup>1, 2</sup>
<b>MenB</b>	2 doses ≥8 weeks apart (if aged ≥10 months give 1 dose and a booster at ≥12 months 8 weeks after the first dose)	3 doses ≥8 weeks apart	
<b>PCV</b>	2 doses ≥8 weeks apart	1 dose	
<b>Rotavirus<sup>3</sup></b>	2 doses 8 weeks apart <b>(No dose after 8 months 0 days)</b>		
<b>MenC<sup>4</sup></b>	1 dose	1 dose	1 dose
<b>MMR</b>		1 dose	1 dose
<b>NOTE</b>	Continue with routine childhood immunisation schedule from 12 months	Routine school immunisations DTaP/IPV at least 6 months and preferably 3 years after primary course MMR2 ≥1month after MMR1	

Details of superscripts are below Table 2.4

**Table 2.4 Catch-up schedule for unvaccinated or incompletely vaccinated persons aged 4 years and older**

Vaccine	4-9 years	10-17 years	18 years and older
<b>DTaP/IPV/HepB<sup>1</sup>/Hib<sup>2</sup> 6 in1</b>	3 doses ≥8 weeks apart <sup>1, 2</sup>		
<b>MenC<sup>3</sup></b>	1 dose	1 dose up to 23 years of age, if Men C containing vaccine not given at age ≥10 years	1 dose up to 23 years of age, if Men C containing vaccine not given at age ≥10 years
<b>MMR</b>	2 doses ≥28 days apart <sup>4</sup>	2 doses ≥28 days apart	2 doses ≥28 days apart <sup>5</sup>
<b>Tdap/IPV<sup>6</sup></b>		3 doses ≥28 days apart	1 dose <sup>7</sup>
<b>Td/IPV</b>			2 doses ≥28 days apart – leave ≥28 day gap after Tdap/IPV
<b>NOTE</b>	DTap/IPV at least 6 months and preferably 3 years after primary course and MMR2 ≥1 month after MMR1	Booster of Tdap/IPV 5 years after primary course; Tdap 10 years later	

<sup>1</sup> Hep B vaccine is not needed if this is the only vaccine required in a risk group (Chapter 9)

<sup>2</sup> A dose of monocomponent Hib vaccine may be given to those age 12 months to <10 years of age if this is the only vaccine required

<sup>3</sup> Combined Hib/MenC can be given up to 10 years of age if these are the only two vaccines required

<sup>4</sup> One dose if not yet in primary school; second dose will be given in junior infants

<sup>5</sup> For HCWs or contacts in outbreaks born in Ireland since 1978 or born outside Ireland, and for adults for low resource countries without evidence of two doses of MMR vaccine

<sup>6</sup> If Tdap/IPV is unavailable, see Table 2.4a

<sup>7</sup> Only one dose of Tdap/IPV is required due to likely previous exposure to pertussis infection

## Tdap/IPV vaccine is no longer available in Ireland

See new advice from NIAC below

**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
<b>DTaP/IPV</b>	3 doses ≥28 days apart		
<b>Tdap</b>		1 dose <sup>1</sup>	1 dose <sup>1</sup>
<b>Td/IPV</b>		3 doses ≥28 days apart – leave ≥28 day gap after Tdap <sup>2</sup>	3 doses ≥28 days apart – leave ≥28 day gap after Tdap <sup>2</sup>
<b>MenC</b>	1 dose up to 23 years of age, if MenC containing vaccine not given at age ≥10 years		
<b>MMR</b>	2 doses ≥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 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 of Ireland; and for adults from low resource countries, without evidence of two doses of MMR vaccine

Please see our toolkit, which includes tips on catch-up vaccination:



### TIPS ON CATCH-UP VACCINATION

## Vaccines required for different age groups

### Before 12 months of age

#### Men B vaccine:

- Children who commence Men B vaccination before 10 months of age need three doses of MenB vaccine. They require 2 doses of Men B vaccine 2 months apart (the minimum interval of 4 weeks may be used) before 12 months of age. They need a 3rd dose at ≥12 months, at least 2 months after their second dose.
- Children who commence MenB vaccination aged 10 months to <2 years need two doses of Men B vaccine 2 months apart.
- Once a child has reached the age of 2, MenB vaccine is no longer recommended unless the child is in an at-risk group.

Before 12 months of age, children are also recommended PCV13 and MenC vaccines that provide protection up to 12 months of age only.

Source: RCPI, National Immunisation Advisory Committee, Immunisation Guidelines for Ireland.



### CHAPTER 13

## Vaccines required for different age groups

### Before 12 months of age (continued)

#### MenC vaccine

- One dose is needed under 12 months of age.

#### PCV13 vaccine

- Two doses are needed under 12 months of age.

#### 6in1 vaccine (diphtheria, tetanus, pertussis, polio, Hib and HepB vaccines)

- Three doses are needed given at an interval of 2 months under 12 months of age. Infanrix Hexa is the only 6in1 vaccine available to complete the 6in1 vaccine schedule.

#### Rotavirus vaccine (Rotarix®)

- If an infant is late presenting for rotavirus oral vaccine, they can receive their first dose anytime up to the age of 8 months and 0 days. The dose **MUST** be given before the child is aged 8 months and 0 days. In clinical trials the effectiveness after one dose of vaccine ranged from 51% to 60%.
- If an infant is late presenting for a 1st dose of vaccine but is aged less than 7 months and 0 days, the first dose of rotavirus vaccine can be given. The minimum interval between two doses of rotavirus vaccine (4 weeks) may then be used so that the 2nd dose can be given before 8 months and 0 days.
- Once an infant is 8 months and 0 days of age, then they should **NOT** receive any doses of rotavirus oral vaccine.

Refer to Rotavirus frequently asked questions for more information.



#### ROTAVIRUS FAQs

### MMR Vaccination for babies age 6 to less than 12 months:

#### On the advice of public health

- On the advice of public health, during an outbreak or for public health travel recommendations, infants aged six months to less than 12 months of age may receive a dose of MMR vaccine in such circumstances.
- A dose of MMR given at less than 12 months of age does not replace the dose of MMR recommended at 12 months of age.
- If a dose of MMR vaccine is given before the first birthday, either because of travel to an endemic country or because of a local 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.
- If a dose of MMR is recommended for travel, the MMR vaccine should ideally be given two or more weeks prior to travel.

Infants aged less than 6 months cannot receive the MMR vaccine.

For the latest advice for MMR, please see clinical guidance document [here](#).

## From 12 months of age

From 12 months of age, children are recommended MMR, MenB, PCV13, Hib and MenC vaccines.

If a child is 12-23 months of age, the following vaccines are recommended: MMR (one dose), MenB vaccine (two doses 8 weeks apart), PCV13 (one dose) and Hib/MenC (one dose).

Children should also receive any other vaccines that they require to catch-up to the Irish schedule.

## 2 years and older

Once a child has reached the age of 2 years, MenB and PCV13 vaccines are no longer recommended or required (unless the child is in an at risk group for meningococcal B or pneumococcal disease).

One dose of MenC vaccine is recommended up until the MenACWY vaccine is offered in 1st year of 2nd level school.

The child should also receive other vaccines that they require to catch-up to the Irish schedule.

## Vaccines required for different age groups

### School immunisation programme

Children attending school should receive the school immunisations:

- **In Junior Infants:** MMR dose 2 and 4 in 1 vaccine DTaP/IPV.
- **In 1st year of secondary school:** MenACWY, Tdap and HPV.

If children have missed the vaccines given in junior infants, as they are starting school in older classes, they should catch up with MMR and Diphtheria, Tetanus, Pertussis and Polio-containing vaccines, as per NIAC advice on catch-up vaccination. See Tables on page 2 and 3.

If children have missed the vaccines given in 1st year in secondary school as they are starting in higher classes, and they have never received a MenC-containing vaccine, they should receive a single dose of a MenC-containing vaccine (recommended up to the age of 23 years). Children who are incompletely immunised against Diphtheria, Tetanus, Pertussis and Polio-containing vaccines, should receive the appropriate vaccines as per NIAC advice. See Tables on page 2 and 3.



## CHAPTER 2

## Adults

Adults may also need catch-up vaccination as per NIAC guidance. For example adults up to age of 23 years, who have never received a MenC-containing vaccine are recommended to receive this. Two doses of MMR vaccine are recommended for adults who have never received this vaccine.

For information on MMR Catch-up Programme, please visit [www.immunisation.ie](http://www.immunisation.ie) and [Chapter 12](#) NIAC Immunisation Guidelines for Ireland.

In some circumstances, Tdap vaccine may be given by HSE vaccination teams to pregnant women as per the recommendations of NIAC. Tdap should be administered as early as possible after 16 weeks and up to 36 weeks gestation in each pregnancy, to protect the woman and their infant. Tdap can be given at any time in pregnancy after 36 weeks gestation, although it may be less effective in providing passive protection to the infant.

## Ordering vaccines for catch-up

Catch-up vaccinations can be ordered from the National Cold Chain Service.



**NATIONAL COLD CHAIN SERVICE**

## Resources

- A [toolkit](#) is available from the National Immunisation office to support GP practices to maximise uptake of childhood immunisation.
  - For further information please refer to the immunisation guidelines for Ireland:
    - Catch-up vaccinations [Chapter 2](#).
    - Measles see [Chapter 14](#).
    - Pertussis see [Chapter 15](#).
- See [frequently asked questions on Rotavirus vaccine](#).
- For further questions regarding catch-up vaccination please email [immunisation@hse.ie](mailto:immunisation@hse.ie).

## COVID-19 VACCINATION

People who have documentary evidence of a complete COVID-19 vaccination course with a COVID19 vaccine approved by WHO are considered to have received Primary COVID-19 vaccination in Ireland.

COVID-19 vaccines should be given based on the NIAC recommendations outlined in Chapter 5a NIAC Immunisation Guidelines.

The NIAC Immunisation Guidelines for Ireland, Chapter 5a, Table 5a.1 outlines the recommendations for COVID-19 primary course and booster vaccination by age and immune status, as well as recommended intervals since last vaccine dose or SARS-CoV-2 infection.



[COVID-19 NIAC GUIDANCE](#)



[COVID-19 INFORMATION FOR HEALTH PROFESSIONALS](#)



[WHO APPROVED VACCINES](#)

## INFLUENZA VACCINE FOR CHILDREN AND ADULTS

Seasonal Influenza vaccines should be given as per the recommendations in the NIAC Immunisation Guidelines for Ireland, [Chapter 11](#).