



Children Who Have Come To Ireland From Another Country: Information For Healthcare Professionals On Catch-Up Vaccination

HSE National Immunisation Office
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CHILDREN WHO HAVE COME TO IRELAND FROM ANOTHER COUNTRY: INFORMATION FOR HEALTHCARE PROFESSIONALS ON CATCH-UP VACCINATION

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Note: This document must be read in conjunction with:

- National Immunisation Advisory Committee *Immunisation Guidelines for Ireland* available at: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>
- National Immunisation Office (2024) *Supporting Information for Vaccination in General Practice* available at: <https://www.hse.ie/eng/health/immunisation/infomaterials/gpsupportingdocpci.pdf>
- National Immunisation Office *Supporting Information for Staff: Schools Immunisation Programme* available at: <https://www.hse.ie/eng/health/immunisation/hcpinfo/schoolproghcp/supportingdoc.pdf>
- National Immunisation Office *Clinical Guidance for COVID-19 vaccination* available at: <https://bit.ly/COVIDClinicalGuidance>

Updates since last edition

- This guidance document will now replace Clinical information to support healthcare staff to deliver catch-up vaccination for Refugees and Applicants Seeking Protection in Ireland and in the event of an outbreak, which has been retired
- Document updated to reflect NIAC recommendations for Primary Childhood immunisation schedule for children born on or after 1st October 2024.
- NIAC guidance and links to same updated throughout
- Addition of Vaccinations in Pregnancy

1. INTRODUCTION

1.1 Purpose

It is important that children coming to live in Ireland are appropriately vaccinated in line with the Irish childhood immunisation schedule in order to protect against vaccine preventable diseases.

Displaced people who enter the EU/EEA from other countries seeking international protection, may be especially vulnerable to developing infectious diseases, including vaccine-preventable diseases. This may be due to the increased incidence of various infectious diseases in their country of origin, disrupted living conditions before or during their displacement which may increase the risk of transmission (e.g. poor shelter, overcrowding with poor ventilation), and challenges accessing healthcare, including immunisation services, in their country of origin, during displacement, and on or after arrival. Displaced people entering Ireland from other countries may be living in communities, or accommodated in congregate settings, e.g. hotels, holiday villages, gyms, schools and community centres. Congregate settings have a higher risk of communicable disease outbreaks.

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

This purpose of this support document is to provide key information and best practice for providing immunisation for those individuals coming to Ireland from another country.

The catch-up vaccination programme for children and adults coming from other countries is aligned with the guidance issued by the National Immunisation Advisory Committee (NIAC) of the Royal College of Physicians of Ireland (RCPI) and contained in the Immunisation Guidelines for Ireland, available at <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>.

1.2 Scope

This document has been prepared for the relevant HSE staff, (Registered Nurses (RN), Registered Midwives (RMs) and Registered Medical Practitioners (RMPs,) involved in the delivery of catch-up vaccination for children and adults coming from other countries.

1.3 Objective

The objective of this document is to inform and support HSE staff in best practice for the administration of catch-up vaccinations to those coming to Ireland from another country.

2. IMMUNISATION PROGRAMMES IN IRELAND

2.1 Primary Childhood Immunisation Programme (PCIP)

Vaccinations in the Primary Childhood Immunisation Programme (PCIP) are routinely delivered in primary care by General Practitioners (GPs) and GP nurses in the first two years of life, with catch up vaccination administration funded to the age of 10 years. The PCIP is designed to protect each child from vaccine preventable diseases in Ireland. Two schedules will run concurrently for the PCIP:

- Children born on or prior to the **30th of September 2024** will continue on the old PCIP schedule (Figure 1),
- Children born on or after the **1st of October 2024** will follow the new [NIAC](#) recommended PCIP schedule (Figure 2).

Figure 1: Old PCIP schedule

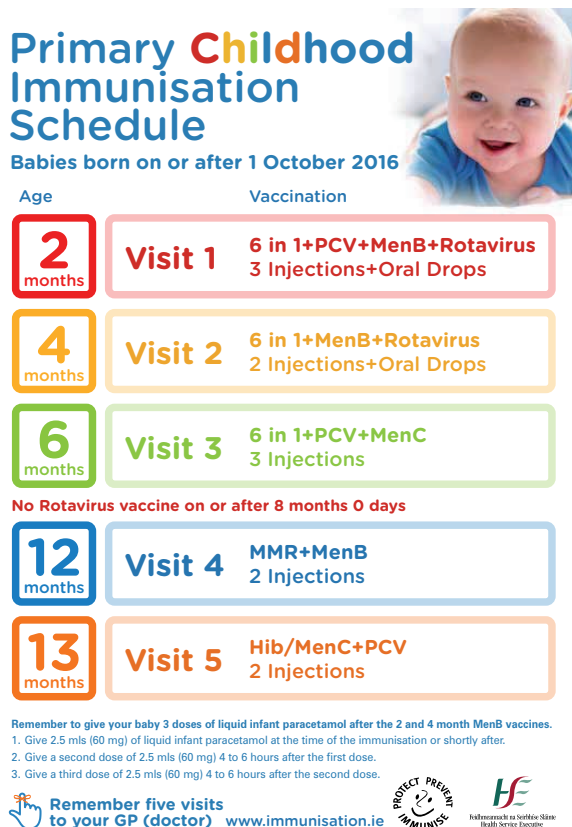


Figure 2: New PCIP schedule



Figure 2 summarises the changes to the PCIP for all children **born on or after the 1st October 2024**.

- Visit 1 (2 months of age) remains unchanged.
- Visit 2 (4 months of age) remains unchanged.
- Visit 3 (6 months of age) has changed. These children will receive the 6-in-1 and PCV vaccines, but the **MenC vaccine will no longer be given at this visit**. Children born on or after 1st October 2024 will now receive only 2 injections at this visit.
- Visit 4 (12 months of age) has also changed. Due to the incorporation of varicella vaccination into the schedule, these children will now receive an MMR, varicella and MenB vaccine. Children will now receive a total of 3 injections at the 12-month visit.

- Visit 5 (13 months of age) has also changed. Children will now receive the PCV, MenC and 6-in-1 vaccines. They will no longer receive the combined Hib/MenC vaccine. This means that children will now receive a total of 3 injections at the 13-month visit.

There is no catch up for chicken pox vaccine for those on the old schedule (born before 1st October 2024).

All children will catch up to the schedule that was in place on the date that they were born.

2.2 School Immunisation Programme

The School Immunisation Programme is part of a national strategy to protect children from infectious diseases through vaccination. Specifically, the Schools Immunisation Programme protects against the following diseases through the following vaccinations delivered in primary and secondary school:

Junior infants class in primary school¹ or age equivalent in special schools or home educated:

- Measles, mumps rubella in the MMR vaccine²
- Tetanus, diphtheria, polio, pertussis with DTaP/IPV (also known as the 4 in 1) vaccine.

If children have missed the vaccines given in junior infants, as they are starting school in Ireland 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 ([Chapter 2](#)).

First year students in secondary school or age equivalent in special schools or home educated:

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

If children have missed the vaccines given in 1st year in secondary school as they are starting school in Ireland in higher classes, and they have never received a MenC-containing vaccine, they should receive a single dose of a Men C 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](#).

There is currently no catch-up programme for HPV Vaccine since the end of the Laura Brennan catch up campaign in December 2023.

¹ In Sligo, Leitrim and Donegal, MMR and 4 in 1 (DTaP/IPV) are usually given in general practice to children aged 4-5 years. Therefore references to junior infant classes do not apply.

² Varicella dose two will be administered as an MMRV vaccine to those born on or after the 1st October 2024 when these children are in junior infants in school, i.e. in 2029

2.3 Seasonal Influenza Vaccination Programme

Recipients can receive the Live Attenuated Influenza Vaccine (LAIV) vaccine from either their GP or pharmacist. The LAIV may also be administered in schools by HSE teams, GPs or pharmacists.

NIAC recommends Influenza Vaccine for at risk groups. See [NIAC chapter 11](#) for current recommendation.

Please check eligibility age and at-risk groups for the free HSE vaccine under the HSE influenza vaccination program each flu season before administering influenza vaccine.

2.4 COVID-19 Vaccination Programme

NIAC recommends antigenically updated COVID-19 mRNA vaccines to protect against COVID-19.

Recommendations on primary vaccination, and seasonal booster vaccination, including eligible groups for whom booster vaccination is recommended, can be found in the [NIAC guidelines chapter 5A](#).



SEE CLINICAL GUIDANCE FOR FURTHER INFORMATION AT
[HTTPS://WWW.HSE.IE/ENG/HEALTH/IMMUNISATION/HCPINFO/
COVID19VACCINEINFO4HPS/CGC19.HTML](https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/cgc19.html)



AND FURTHER COVID VACCINE INFORMATION AT
[HTTPS://WWW.HSE.IE/ENG/HEALTH/IMMUNISATION/HCPINFO/
COVID19VACCINEINFO4HPS/COVID19VACCINEINFO4HPS.HTML](https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/covid19vaccineinfo4hps.html)

2.5 Vaccinations in Pregnancy

Tdap vaccine (Boostrix) is recommended for all pregnant women between 16-36 weeks of gestation in each pregnancy, to reduce morbidity and mortality in infants too young to be vaccinated against pertussis (whooping cough.) Pertussis vaccine may be offered to women later in pregnancy, or in the week after birth, if they have not had a pertussis vaccine during pregnancy. This is in order to protect themselves against pertussis infection and prevent transmission of pertussis to their newborn. For more details about Tdap vaccine in pregnancy see <https://bit.ly/PregWC>

Influenza vaccine is recommended for all pregnant women at any stage of pregnancy. For more details see <https://bit.ly/PregInfluenza>. If women are pregnant over two flu vaccination seasons they should receive the appropriate vaccine for each season.

Pregnant women are recommended to be up to date with COVID-19 vaccination. Please refer to [Immunisation Guidelines](#) for details [chapter 5a of the Immunisation Guidance](#).

Flu vaccine, COVID-19 and Tdap vaccines can be co-administered at the same visit, or given at any interval from each other, providing Tdap is administered from 16 weeks of gestation

MMR should **NOT** be given in pregnancy as it is a live vaccine. MMR vaccine can be safely administered at least one month prior to pregnancy in female patients who have not been fully immunised, and women must to be advised to avoid pregnancy for one month after administration of the MMR.

MMR vaccination of women who are non-immune to rubella and have no history of vaccination with the MMR vaccine is recommended as outlined by [NIAC Guidance on Rubella vaccination](#).

“If a woman has documented evidence of having received one dose of a rubella-containing vaccine, irrespective of rubella serology, no further rubella (MMR) vaccine is necessary. Two doses may be needed for protection against measles and mumps”.

Women who give no history of having received at least one dose of MMR vaccine or have no history of **rubella** infection, should receive one dose of MMR. To protect against **measles** for those who have never had the MMR vaccine or measles disease, two MMR doses 28 days apart are needed after the birth if not given prior to pregnancy.

Serological testing after routine MMR vaccination is not recommended.

3. PRINCIPLES FOR CATCH UP VACCINATION IN IRELAND

3.1 Introduction

Children and adults coming to Ireland from other countries should follow the Irish immunisation schedule as they are now living in Ireland. This is to protect them from vaccine-preventable diseases that are or were common in Ireland (and hence in our immunisation schedule), or which may have serious consequences including disability and death. Vaccination schedules and coverage for other countries is available at <https://bit.ly/WHOVacc>. Children who are incompletely vaccinated should catch up to the Irish schedule in place on the date of their birth, as per the Immunisation Guidelines for Ireland Chapter 2 General Immunisation Procedures available at <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>.

3.2 Previous immunisation record

[The immunisation guidelines](#) advise that people coming to Ireland, including from areas of conflict, without either a documented or reliable verbal history of immunisation should be considered unimmunised. The Irish catch-up recommendations for that age should be followed.

3.3 Catch up schedule for Ireland

Please refer to [NIAC Chapter 2](#):

- Table 2.3 Catch up schedule for vaccinated or incompletely vaccinated children aged 4 months to <4 years,
- 2.4 Catch-up schedule for unvaccinated or incompletely vaccinated persons aged 4 years and older and
- 2.4a Catch-up schedule for unvaccinated or incompletely vaccinated aged 10 years and older if Tdap/IPV is unavailable

<https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>

Those more than one month or dose behind schedule should be on a catch-up schedule, with minimum intervals between doses.

If a person is incompletely vaccinated, provide those vaccines which were not already received. There is no need to restart a course. Once catch-up has been completed, continue with the routine schedule.



REFER TO THE [NIAC CHAPTER 2 FOR THE LATEST NIAC CATCH-UP SCHEDULE](#).

3.4 Interrupted immunisation schedule

If the recommended immunisation schedule is interrupted, it should be resumed as soon as possible.

It is not necessary to restart the schedule, regardless of the time of interval from the previous vaccination. This is because of immunological memory.

- Intervals longer than routinely recommended between doses do not impair the immunologic response to live and inactivated vaccines that require more than one dose to achieve primary immunity.
- Similarly, delayed administration of recommended booster doses does not adversely affect the antibody response to such doses.



SEE CHAPTER 2: SECTION 2.2.2 INTERRUPTED IMMUNISATION COURSE

3.5 Catch up for 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.

3.6 Vaccination in an outbreak situation as advised by Public Health

In an outbreak situation, vaccinations may be recommended by the Outbreak Control Team outside of the routine immunisation and catch-up schedule. For example MMR vaccine can be given from the age of 6 months, although children vaccinated under the age of 12 months require a further dose at 12 months and a subsequent dose at 4-5 years of age. [Please refer to immunisation guidelines for Ireland for further details](#). In the event of an outbreak, the regional public health team will provide advice and guidance on its management including any vaccinations to be provided and the group who are recommended to receive them.

4. VACCINES THAT MAY BE REQUIRED FOR CATCH UP

4.1 Rotavirus vaccine

- If an infant is late presenting for rotavirus oral vaccine, they can receive the vaccine anytime up to the age of 8 months and 0 days. The vaccine **MUST** be given before the child is aged 8 months and 0 days.
- 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. See table [2.2 for optimal and minimal recommended ages and intervals between doses of the Primary childhood Immunisation Schedule](#)
- **Once an infant is 8 months and 0 days of age, then they should NOT receive any doses of rotavirus oral vaccine.**



FOR ADDITIONAL INFORMATION, PLEASE SEE [FREQUENTLY ASKED QUESTIONS](#)

4.2 Meningococcal B

- Children who commence MenB vaccination before 10 months of age need three doses of MenB vaccine. They require 2 doses of MenB 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 MenB 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. For those at-risk conditions, please refer to NIAC chapter 13 for [Meningococcal Infection](#)

4.3 Meningococcal C

- If the child is born on or after the 1st of October 2024 they do not require the MenC vaccine until 13 months of age (unless they are in an at risk group).
- If the child is born before on or before the 30th September 2024, they require one dose of MenC under 12 months.
- A child over the age of 1 year needs a single dose of MenC up until the age at which MenACWY is given in school. If they have missed MenACWY in school, they should receive a single dose of MenC up to the age of 23 years.

4.4 PCV

- Two doses are needed under 12 months of age
- One dose is required over the age of 12 months
- Once a child has reached the age of 2, PCV is no longer recommended unless the child is in an at-risk group. For those at-risk conditions, please refer to the [National Immunisation Guidelines of Ireland](#) chapter 16 [Pneumococcal Infection](#).

4.5 Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B

- 6 in 1 (DTaP/Hib/IPV/Hep B) Vaccine is a combined diphtheria, tetanus, pertussis, polio, Hib and HepB
- When children reach the age of 10 years, the 6 in 1 vaccine is no longer recommended. Please refer to [NIAC guidance Table 2.4](#) for details of catch-up vaccines recommended for Diphtheria, Tetanus, Pertussis and Polio-containing vaccines.
- If the child is born on or before the 30th September 2024, three doses of 6 in 1 are needed given at an interval of 2 months between the ages of 2 months to 9 years of age
- If the child is born on or after the 1st of October 2024, a **fourth dose of 6 in 1 vaccine will be offered in the routine schedule at 13 months of age**. This provides protection against Hib as well as enhanced protection against Diphtheria, Tetanus, Pertussis and Polio. [Please refer to NIAC guidance for details of catch-up vaccination recommendations for this 4th dose](#).
- There is no catch-up vaccination programme for hepatitis B vaccine unless the person falls into an at-risk group
- Children should receive a dose of Hib vaccine aged > 12 months of age. For children born before 1st October 2024, this is routinely given as the Hib/MenC at age 13 months. Children born on or after 1st October 2024, receive a 4th 6 in 1 vaccine at age 13 months, which contains Hib.
- Once a child has reached the age of 10, they no longer need Hib vaccine

4.6 MMR (Measles, Mumps and Rubella)

- The first dose of the MMR vaccine is administered at 12 months of age as part of the Irish primary Childhood schedule, with a second dose of MMR vaccine in Junior Infants as part of the Schools Immunisation Programme³.
- Travel MMR – see the [National Immunisation Guidelines of Ireland](#), Chapter 12 Measles section 12.5.6 Vaccination for those travelling to areas where measles is endemic or when outbreaks are occurring. Advice from Regional Public Health teams should be followed in the event of an outbreak.

³ In Sligo, Leitrim and Donegal. Dose 2 MMR and 4 in 1 vaccine is routinely given in General Practice

4.7 Varicella (Chickenpox)

- NIAC recommends the introduction of Varicella (Chickenpox) vaccine, to reduce the significant burden of Varicella (Chickenpox) zoster virus morbidity and its complications. The Varicella vaccine is included as part of the Primary Childhood Schedule for children born on or after the 1st October 2024. The first dose will be administered at 12 months with a second dose given to these children when they reach junior infants as part of the Schools Immunisation programme.
- **There is no catch up for chickenpox vaccine for those on the old schedule (born before 1st October 2024).**



SEE FURTHER INFORMATION ON VARICELLA [HEALTHCARE WORKER FAQ](#)

5. MEDICINE PROTOCOLS FOR REGISTERED NURSES AND MIDWIVES

A suite of Medicine Protocols has been developed by the National Immunisation Office in collaboration with the Office of the Nursing and Midwifery Services Director (ONMSD) and has been [made available](#) for the administration of catch up vaccination and in the event of an outbreak as directed by the local Department of Public Health, for refugees and applicants seeking protection in Ireland. This suite of Medicine Protocols can be utilised by registered nurses and registered midwives employed in the voluntary and statutory services of the HSE including vaccination clinics, congregated settings, temporary clinics and mobile units.

All relevant education and training outlined in the medicine protocol and by the professional body, ONMSD should be completed.

The MMR Master Medicine Protocols have been developed and [made available](#) for healthcare professionals included in S.I. No. 698 of 2020, S.I. No. 81 of 2021, S.I. No. 245 of 2021 and S.I. No. 422 of 2023 who are registered with their respective regulatory body employed in the voluntary and statutory services of the HSE including mass vaccination clinics, congregated settings, temporary clinics and mobile units.

6. COMMUNICATION TOOLS

The NIO has developed information materials to support the delivery of a vaccination programme for Refugees and Applicants Seeking Protection in Ireland. It includes posters and leaflets for parents about the Primary Childhood Immunisation Programme, the School Immunisation Programme, and about specific recommended vaccines in pregnancy and for adults. Information is available in English, Ukrainian and Russian and other languages.

The NIO webpage available to support vaccination of migrant populations in Ireland is: <https://bit.ly/NIOTPIPA>

7. VACCINE ADMINISTRATION

7.1 Vaccinator role and responsibilities

- Each vaccinator is responsible for ensuring that they are working within their own scope of practice while administering vaccines, and ensure at all times that this is in line with legislation which directs their practice.
- Each vaccinator should identify and address any gaps in knowledge and practice prior to accepting delegation as vaccinator.
- The vaccinator should remain up to date with the [NIAC guidelines](#), subscribe to [NIO updates \(Ezine\)](#) and avail of CPD opportunities including online training, webinars and study days where available.
- The vaccinator must adhere to and comply with the guiding principles as set out in their professional regulatory frameworks
- The vaccinator should be available to answer queries from parents/legal guardians/patients being immunised
- The vaccinator should be able to assist the parents/legal guardians/patients to make an informed decision about the vaccine.

- They should also check that:
 - All the equipment necessary for the administration of the vaccines follows best practice.
 - Appropriate medication and equipment as outlined in the NIAC Guidelines for [Anaphylaxis](#) are available for management of anaphylaxis and are included in regular safety checks, to ensure all equipment and medications are available and in date.
 - All documentation is available, which includes information leaflets and parent/client-held vaccination record cards or booklets. .
 - Prior to vaccination, the vaccinator should complete an assessment to ensure the person meets the eligibility/inclusion criteria for the vaccination.

THE RIGHTS OF VACCINE ADMINISTRATION

- | | |
|------------------|------------------------|
| 1. Right patient | 6. Right dose |
| 2. Right reason | 7. Right form |
| 3. Right vaccine | 8. Right action |
| 4. Right route | 9. Right documentation |
| 5. Right time | 10. Right response |

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7.2 Before Vaccination

Prior to vaccination the vaccinator should:

- Ensure two vaccinators are present for the duration of vaccination and for 15 minutes after the last vaccine is administered, to deal with anaphylaxis or any other adverse events that might occur including syncope.
- Check and record the person's information and consent accurately.
- Confirm person's identity (Name, address, date of birth and mother or father's name as appropriate. For younger children it will be necessary to confirm identity with parent/legal guardian).
- Provide appropriate information regarding the vaccines to be administered including the benefits of vaccination and the risks of not vaccinating.
- Address vaccination concerns and queries. Find the information at <https://bit.ly/GPPNToolkit>
- Obtain informed consent/ensure consent is valid.
- Assess the person's suitability for immunisation on the day. Vaccines should be given to patients for whom no contraindication is identified as per the [Immunisation Guidelines of Ireland](#).
- In the event of a febrile illness, defer vaccinations until recovery. Minor illness with fever <38°C is NOT a contraindication to immunisation.
- Ensure that when vaccines are being given according to a particular schedule, e.g. PCIP that the interval from last vaccines given is appropriate. If not, vaccination should be deferred, and the appointment rescheduled. Find the information on recommended and minimum intervals at Table 2.2 at <http://bit.ly/NIACCh2>

- I. Ensure that there is a valid medicine protocol or prescription for the administration of the vaccine.
- J. Check that the appropriate vaccine(s) are in the vaccine fridge, are in date and stored in accordance with cold chain directions.
- K. Remove vaccine from the vaccine fridge only when the person is ready for vaccination. Find information about [vaccine storage, usage and stock rotation](#).
- L. Verify with the parent/legal guardian/patient or other health professional that the correct vaccine is being given, the expiry date has not passed and documents this on the form.
- M. Perform hand hygiene through handwashing or use of disinfectant gel before vaccine administration.
- N. Reconstitute vaccines in accordance with manufacturer's instruction.
- O. Ensure that the vaccine colour and composition is in accordance with the SmPC for that vaccine. Discard vaccines that do not meet SmPC characteristics.
- P. Ensure the person is correctly positioned for the safe administration of the vaccine(s).

7.3 Recommended sites for Intramuscular (IM) injection

This supporting guidance is intended for use in maintaining standards in vaccine administration practices, and does not replace the need to undertake all relevant education and training to be deemed competent as a vaccinator.



ADMINISTER VACCINES IN ACCORDANCE WITH [NIAC GUIDELINES](#) WITH RESPECT TO THE PATIENT'S AGE, SITE OF VACCINATION AND NEEDLE SIZE.



[CHAPTER 2 OF THE NATIONAL IMMUNISATION GUIDELINES](#) SECTION 2.6 5 PROVIDES FURTHER INFORMATION, INCLUDING DIAGRAMS, IN RELATION TO IM INJECTION TECHNIQUE, SITE OF VACCINATION AND NEEDLE SIZE

7.4 Post vaccination documentation and advice

Record the vaccine administration details in the system and recipient's immunisation passport (where it is being used) including:

- Vaccine name, batch number, manufacturer and expiry date
- Dose administered
- Site used
- Date vaccine was given
- Vaccinator must print and sign their name on the consent form and record PIN/MCRN
- Ensure the vaccination passport is completed and given to the vaccine recipient/parent/legal guardian before they leave
- Ensure the vaccine recipient remains in the clinic under observation for 15 minutes as anaphylaxis episodes may occur up 15 minutes of vaccination
- Give after care information to the vaccine recipient that is available in the immunisation passport

- Take any queries about possible adverse reactions that occur post-vaccination
- Provide appropriate contact details if there are any concerns following vaccination
- Reports adverse events to [the HPRA](#)

7.5 Adverse Reaction – Anaphylaxis

The vaccinator should refer to and be familiar with NIAC algorithms/protocol *Anaphylaxis: immediate management in the Community* (2022) available at: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>

Algorithms for management of anaphylaxis from the Immunisation Guidelines must be kept with anaphylaxis kits.

7.6 Adverse Reaction – Reporting

The Health Products Regulatory Authority (HPRA) requests that health care professionals report all suspected reactions to all vaccines. 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 www.hpra.ie
- 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 <https://www.hpra.ie/homepage/about-us/report-an-issue>

8. ORDERING AND STORING VACCINES

8.1 Cold Chain

Vaccines are prescription-only medicines (POMs) and to maintain their licensed usage should be stored and transported in accordance with the manufacturer instructions (PIL/SmPC) in compliance with the cold chain.

The Cold Chain is a temperature-controlled supply chain for products that require a specific temperature range for distribution and storage. Vaccines should be ordered from the HSE National Cold Chain Service (NCCS), and stored in a central site the recommended temperature-controlled range is between +2°Celsius and +8°Celsius (+2°C to +8°C).

[The HSE Guidelines for maintenance of cold-chain in vaccine fridges and management of vaccine stock](#) should be adhered to.

REMEMBER THE 7 R'S

Read: temperature twice daily at clinic/surgery opening and closing times

Record: maximum, minimum and current temperatures stating date and time of reading and sign/initial) and download data logger regularly

Reset: after recording temperatures and all 3 readings (max/min/current) should concur

React: if the temperature falls outside +2°C to +8°C and document this action

Review: temperature records regularly (at least once a month)

Rotate: vaccines after each delivery placing shorter dated vaccines to the front

Remove: expired stock from fridge immediately and return to NCCS for destruction

8.2 Transporting vaccines

It is HSE National Immunisation Office (NIO) policy to maintain vaccines within the cold chain in vaccine cool boxes. Please read [The HSE Guidelines for maintaining the vaccine cold-chain in vaccine cool boxes](#)

9. CONSENT, DATA MANAGEMENT AND STATISTICAL REPORTING

Consent must be managed in accordance with [the HSE National Consent Policy](#) and the General Data Protection Regulations (GDPR) along with the Data Protection Acts 1988-2018. See <https://bit.ly/HSEGDPRInfo>

Recording of vaccination should take place, using the agreed process, including ICT systems if applicable.

10. REFERENCES

An Bord Altranais 2007 Guidance to Nurses and Midwives on Medication Management. Dublin

Nursing and Midwifery Board of Ireland (2020) Guidance for Registered Nurses and Midwives on Medication Administration. Dublin: Nursing and Midwifery Board of Ireland

Immunisation Guidelines for Ireland. National Immunisation Advisory Committee available at: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community available at: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>

National Immunisation Office (2024/2025) Supporting Information for Staff: Schools Immunisation Programme available at: <https://www.hse.ie/eng/health/immunisation/hcpinfo/schoolproghcp/supportingdoc.pdf>

Guidelines for Vaccinations in General Practice. National Immunisation Office (2024) available at: <https://bit.ly/GPGuidelinesVacc>

Guidelines for maintaining the vaccine cold-chain including maintenance of vaccine fridges and management of vaccines. National Immunisation Office HSE (2024) available at: <https://bit.ly/CCSOP1>

Guidelines for maintaining the vaccine cold-chain in vaccine cool boxes. National Immunisation Office HSE (2024) available at: <https://bit.ly/CCSOP2>

Health Services Executive. (2018). GDPR available at: <https://bit.ly/HSEGDPRInfo>

Health Service Executive (2022) National Consent Policy available at https://assets.hse.ie/media/documents/ncr/20241001_HSE_Consent_Policy.pdf

WHO vaccine preventable disease monitoring system 2020 global summary <https://immunizationdata.who.int/listing.html?topic=&location>