



Table of recommended groups for COVID-19 autumn booster and Influenza vaccine; Winter Vaccination Programme 2024/2025

Age and Cohort	COVID-19 Autumn 2024 Booster	Influenza Vaccine ³
60 and older	Recommended for All ¹	Recommended for All
18 to 59 years	Recommended for ¹ : <ul style="list-style-type: none"> ▪ those living in long term care facilities for older adults ▪ those with immunocompromise associated with a suboptimal response to vaccination ▪ those with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death² <p><i>For those healthy aged 18-59 years an autumn booster vaccine is <u>not</u> routinely recommended. However, access to an autumn booster vaccine should be available for those who, following discussion of their reasons with a health care provider (e.g., GP, pharmacist or vaccination centre), request vaccination</i></p>	Recommended for: <ul style="list-style-type: none"> • Residents of nursing homes, old people's homes, and other long stay facilities where rapid spread is likely to follow introduction of infection • those at increased risk of influenza-related complications⁴
2 to 17 years	Recommended for ¹ : <ul style="list-style-type: none"> ▪ those with immunocompromise associated with a suboptimal response to vaccination ▪ those with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death² 	Recommended for All
6 to 23 months	Recommended for ¹ : <ul style="list-style-type: none"> ▪ those with immunocompromise associated with a suboptimal response to vaccination ▪ those with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death² 	Recommended for those at increased risk of influenza-related complications ⁴
Healthcare Workers	Recommended for All ¹	Recommended for All



<p>Carers and household contacts of people with underlying chronic health condition or people who have Down syndrome</p>		<p>Recommended for All</p>
<p>People with regular contact with pigs, poultry or water fowl</p>		<p>Recommended for All</p>
<p>Pregnancy</p>	<p>Recommended – all year and not seasonal.</p> <p>A COVID-19 vaccine is recommended at least once in pregnancy if it is more than six months since their previous COVID-19 vaccine dose or infection.</p> <p>A dose of vaccine can be given at any stage in pregnancy but ideally should be given between 20-34 weeks gestation.</p> <p>If it is more than 12 months since previous COVID-19 vaccine dose or SARS-CoV-2 infection administration earlier in pregnancy should be considered.</p> <p>For those who are pregnant and are immunocompromised, a second dose of COVID-19 vaccine within the same pregnancy may be considered if six months has elapsed since their last booster dose or SARS-CoV-2 infection.</p>	<p>Recommended at any stage of pregnancy (during the flu season).</p>
<p>1. The recommended minimum interval following SARS-CoV-2 infection or vaccination is six months, however shorter intervals down to three months are permissible in certain circumstances e.g., planned immunosuppressive therapy or operational reasons. Therefore, there should be at least three months between a previous SARS-CoV-2 infection or COVID-19 vaccination and getting a COVID-19 vaccination in Autumn/Winter 2024/2025.</p> <p>2. Medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death are outlined in table 5a.3 in chapter 5a of the NIAC Immunisation Guidelines and summarised in Appendix 1.</p> <p>3. See Appendix 2 for groups recommended a two dose schedule of flu vaccine.</p> <p>4. Those at increased risk of influenza-related complications are outlined in Section 11.5.3 in chapter 11 of the NIAC immunisation guidelines and summarised in Appendix 1.</p>		



Appendix 1

Medical Condition or Treatment	Medical conditions* associated with a higher risk of COVID-19 hospitalisation, severe disease or death	At increased risk of influenza-related complications
Immunocompromise due to disease or treatment¹	√	√
Cancer	√	√
Chronic Heart Disease	√	√
Chronic Kidney Disease	√	√
Chronic Liver Disease	√	√
Chronic Neurological Disease	√	√
Chronic Respiratory Disease	√	√
Diabetes Mellitus	√	√
Other Metabolic Disorders	√	√
Haemoglobinopathies	√	√
Body mass index ≥40kg/m²	√	√
Serious mental health conditions	√	√
Children and adults with Down syndrome	√	√
Children with moderate to severe neurodevelopmental disorders	√	√
Any condition that can compromise respiratory function (e.g., spinal cord injury, seizure disorder, or other neuromuscular disorder) especially those attending special schools/ day centre		√
Children on long-term aspirin therapy		√
<p>¹See chapter 3 of the NIAC Immunisation Guidelines *This list is not exhaustive, and the medical practitioner should apply clinical judgment to consider the risk of COVID-19 infection exacerbating any medical condition that a patient may have as well as the risk of serious illness from COVID-19 infection.</p>		



Appendix 2

Those recommended a two dose schedule of Flu vaccine

For LAIV

- 2 doses, 4 weeks apart if clinically at risk and 2-8 years and first time receiving any influenza vaccine.

For QIV

- 2 Doses four weeks apart for children aged 6 months to <9 years if receiving influenza vaccine for the 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).