



COVID-19 VACCINE BULLETIN 37

Welcome to Bulletin 37 from the HSE National Immunisation Office which highlights changes in clinical guidance for the COVID-19 vaccination programme.

Extension of booster vaccination

The National Immunisation Advisory Committee (NIAC) has extended the recommendations for a booster dose of an mRNA vaccine to people aged 50-59 years, people aged 16 -49 years resident in long term care facilities and people aged 16-49 with underlying medical conditions that put them at risk of severe COVID-19 disease. The Department of Health has accepted these recommendations.

This means that the following groups are now recommended booster doses:

- All people aged 50 years and older
- Healthcare workers
- People aged 16-49 with underlying medical conditions as outlined in Table 5a.2 of the Immunisation Guidelines* (shaded in white)
- Residents of long-term healthcare facilities aged 16-49 years

No other groups are recommended booster doses at this time.

[Read NIAC guidelines here](#)

These latest recommendations are not yet operational. The statutory instrument, medicines protocols, training and educational materials and IT system are being updated.

*Note that those with immunocompromise, shaded in blue in the table, should receive an additional dose of a recommended mRNA vaccine to complete their primary vaccination course (an extended primary course). This is NOT a booster dose and should be carefully recorded in the IT system as an additional dose for people with immunocompromise. Please refer to Chapter 5a for details of vaccination with additional dose. There are no recommendations for a booster dose (i.e. a 4th vaccine dose) following this additional dose at this time.

Vaccine to be used for the booster dose

NIAC has recommended that those eligible for a booster dose who are aged less than 30 years, should receive Comirnaty®/Pfizer-BioNTech 0.3ml as the booster dose. They should not receive a booster dose of Spikevax®/Moderna vaccine.

This is as a precaution, because of reports of an increased risk of myocarditis and pericarditis following a second dose of Spikevax®/Moderna, when compared with a second dose of Comirnaty®/Pfizer-BioNTech.

People aged 30 years and older eligible for a booster dose, may receive Comirnaty®/Pfizer-BioNTech or Spikevax®/Moderna. Please note the booster dose of Spikevax® Moderna is 0.25mls which is half the dose used in the primary or extended primary course.

Booster vaccine and dose

	Age 16-29 years	Age 30 years and older
Comirnaty®	0.3mls	0.3mls
Spikevax®	Not recommended	<u>0.25mls</u>



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Recommended interval between completion of the primary vaccination course and the booster dose

The booster dose should be given at least 6 months after completion of the primary vaccination course. A 5 month interval may be used for operational reasons.

For people who have received a COVID-19 Vaccine Janssen® as their primary course, the booster dose of the mRNA vaccine may be given at least 3 months after their primary dose.

[Note that the recommended interval between completion of a primary vaccination course and the additional dose for immunocompromised people is 2 months, irrespective of the vaccine given previously]

Vaccine given in primary vaccination course	Interval for mRNA booster dose	Interval for the additional mRNA dose for immunocompromised
Comirnaty®	At least 5-6 months	2 months
Spikevax®	At least 5-6 months	2 months
Vaxzevria®	At least 5-6 months	2 months
COVID-19 Vaccine Janssen®	At least 3 months	2 months

Rationale for booster dose extension

- In Ireland, COVID-19 vaccine uptake is very high, yet numbers of infection, hospitalisations because of severe disease and deaths have increased. Most of those hospitalised with COVID-19 are unvaccinated. However, as vaccination rates are so high, the proportion of those vaccinated who are admitted to hospital can be anticipated to rise.
- The high transmissibility of the Delta variant, waning of immunity following vaccination, increasing socialisation and the time lapse since vaccination have contributed to the surge in new infections and increased the risk of severe disease in those with underlying conditions.
- Age, immune status, and the presence of underlying conditions are the main factors in determining the severity of breakthrough disease.
- While vaccinated people aged 50-59 may be at lower risk of acquiring infection than younger age cohorts, their risk of hospitalisation is higher than in younger age groups.
- The risk of COVID-19 related hospitalisation in younger people is higher for those with underlying conditions than those without.
- Booster doses for all those aged 50-59 years and those aged 16-49 years with an underlying condition will reduce their incidence of breakthrough infection.

When giving a booster dose, check if the person is eligible for and has had the seasonal influenza vaccine.

The flu vaccine can be given at the same time or at any interval after the COVID-19 booster. If flu vaccine is not available in your clinic, advise the person to attend their GP or local pharmacy for flu vaccination.



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Recommendations on the use of Spikevax®/Moderna from the National Immunisation Advisory Committee

As a precaution, NIAC have recommended that people aged <30 years should not receive Spikevax® vaccine as a booster dose, or as an additional dose if immunocompromised.

For the primary vaccination course, if a person aged <30 years, has already received a 1st dose of Spikevax®, they should not receive a 2nd dose of Spikevax®, they should receive a second dose of Comirnaty® to complete the course.

This is as a precaution, because of reports of an increased incidence of myocarditis and pericarditis following a second dose of Spikevax® compared with a second dose of Comirnaty®. Because myocarditis and pericarditis following mRNA vaccination have been reported more frequently in younger people less than 30 years of age, Comirnaty® vaccine is recommended for this group.

See table below for details of vaccines and recommendations:

Age	Comirnaty®	Spikevax®
Primary vaccination course		
12-29 years	√	A second dose is NOT recommended*
30 years and older	√	√
Additional dose for immunocompromised		
12-29 years	√	NOT recommended
30 years and older	√	√
Booster dose		
16-29 years	√	NOT recommended
30 years and older	√	√ (0.25mls)

*give Comirnaty® as a second dose

Timing of COVID-19 vaccination after COVID-19 infection

Primary vaccination

The primary vaccination course should be deferred until clinical recovery from COVID-19 and at least four weeks after diagnosis or onset of symptoms, or four weeks from the first PCR positive specimen in those who are asymptomatic. The reason for this is to avoid any confusion between symptoms of COVID-19 infection and adverse events from the vaccine.

Booster dose and additional dose for those who are immunocompromised

For those who have had laboratory confirmed COVID-19 breakthrough infection since full vaccination with an authorized COVID-19 vaccine, the additional dose should be deferred until at least 6 month from diagnosis. This is because infection following primary vaccination is immunogenic, and delaying booster vaccination for at least 6 months, will derive maximum benefit from booster vaccination.

If it is not possible to establish if an individual had laboratory confirmed breakthrough infection during that timeframe, they may be vaccinated.

Other vaccines

All other vaccines can be given once the period of isolation has ended (usually 10 days) provided the person does not have an acute febrile illness.



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As the COVID-19 vaccination programme now includes additional doses for those who are immunocompromised as well as booster doses, please check before each vaccination:

- Is this a primary course, an additional dose for a person who is immunocompromised or a booster dose?
- What is the age of the person?
- What is the recommended vaccine for this age-group?
- What is the recommended dose?
- What is the recommended interval since the last dose?
- Has the person had COVID-19 infection? What is the recommended interval since laboratory-confirmed COVID-19 infection?



Reporting adverse events following vaccination

As the booster campaign continues, we wanted to remind you of the importance of reporting adverse events to the HPRA.

[Click here](#)

Frequently asked questions

Do you ever need to restart a vaccine schedule?

You never need to restart a vaccine schedule for any vaccine recommended in Ireland.

See advice below

"If an immunisation course is interrupted, it should be resumed as soon as possible. It is not necessary to repeat the course, regardless of the time interval from the previous incomplete course*."

*except cholera vaccine

[Read more](#)

Resources to support pregnant women

Did you know we have a dedicated webpage with resources to support health professionals who are advising and communicating about COVID-19 vaccine in pregnancy:

[Click here](#)

The page includes videos, posters and information in other languages.

Communicating about COVID-19 Vaccines
Tips for communication with pregnant women who are hesitant about vaccines

- 1 Ask open ended questions**
"Can I ask you what you're worried about?"
- 2 Affirm their strengths (stress the positives)**
"It's good that you've been thinking about the vaccine."
- 3 Validate their concerns**
"It can be worrying when you read about things like that online."
- 4 Reflect**
"From what you've told me, you have read that COVID-19 vaccines might cause problems with fertility later on, so that worries you and that's why you haven't had the vaccine."
- 5 Ask and provide information**
"Could I share with you some information on the COVID-19 vaccine and COVID-19 in pregnancy, based on what you've just told me?"
- 6 Verify how they feel**
"How do you feel now about the vaccine, now we've had a chance to talk about it?"
- 7 Describe the action plan**
"Ok, you'd like a bit more advice about the vaccine so you're also going to talk to your GP/midwife/obstetrician as well."

Remember to recommend the vaccine
You can share your own experience (e.g. I got the vaccine when I was pregnant)

Don't enter into a debate
Don't give a long list of data and statistics on COVID-19 vaccines

Adapted from World Health Organisation resources: Conversations to build trust in vaccination. A training module for health workers. <https://bit.ly/WHO21vaccinesModule>
COVID-19 vaccination training for health workers. World Health Organisation. <https://bit.ly/WHO21vaccines>

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Research

A large observational study conducted using nationwide mass vaccination data in Israel, estimated that a third dose of the BNT162b2 mRNA COVID-19 vaccine (Comirnaty) is effective in preventing severe COVID-19-related outcomes. Compared with two doses of the vaccine administered at least 5 months before, adding a third dose was estimated to be 93% effective in preventing COVID-19-related admission to hospital, 92% in preventing severe disease, and 81% in preventing COVID-19-related death, as of 7 or more days after the third dose. This supports the use of a booster dose in people at risk of severe COVID-19 disease.

Lancet October 29th.

[Read more](#)



Sprint 16 goes live on 23/11/2021

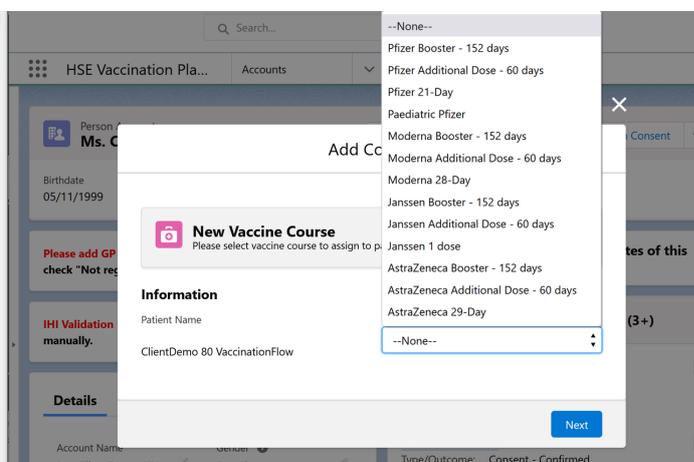
The core changes are as follows

Change to Vaccine Course names

Vaccine Course names have been updated on the add course picklist to show the interval at which they should be administered.

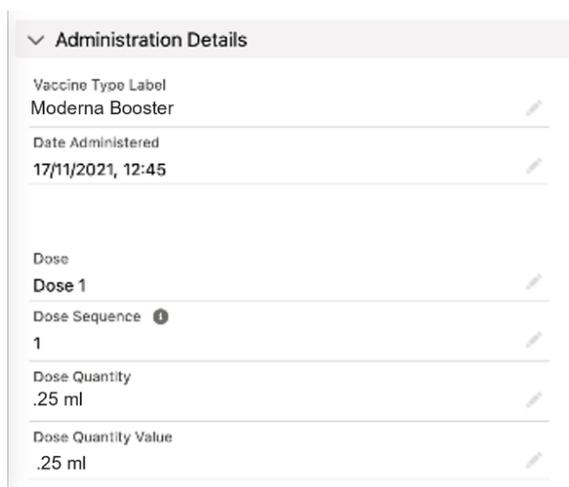


The 'Moderna Booster - 152 days' Vaccine Course will also be added to this list in this sprint:



Change to the dosage unit of Moderna on the system for booster doses

The dosage units have been changed for the Moderna booster to 0.25mls and this is visible on the record.



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Sprint 16 goes live on 23/11/2021 (continued from page 5)

Covax 16 delivers a NEW Override feature which allows Vaccinators and Ops Admins to override the lower interval rules when a booster COVID-19 vaccine is being administered. This lower interval below 152 days and over 60 days should only be used in exceptional circumstances. This override warning was developed within the system to remind most vaccinators that they need a prescription if giving below the required interval.



For booster doses if the client is receiving an early booster Vaccination, then a prescription is required for a non-doctor or non- nurse prescriber vaccinator to administer the booster vaccine. A new screen will appear after the User completes the 'Administer Vaccine' Screen and presses 'Next'. This screen notifies the user that the Vaccine is being administered ahead of schedule, and that a 'Reason for Override' and 'Supporting Information' must be provided in order to proceed with the vaccination. The 'Reason for Override' could be, for example, that a prescription has been obtained for an early Booster dos.

Additional Dose Override Screen

Reason For Override' **pick from three pick list options:**

The screenshot shows the 'Administer-Vaccine' interface. A warning message states: 'In order to administer this dose, 60 days must pass between doses of the same course. If you wish to continue, please indicate the reason for override. Otherwise, please click Previous or close the record.' Below this, there are three sections: 'Override Prereq. Vaccine Course Rules' with a radio button for 'Yes' selected; 'Reason for Override' with a dropdown menu showing 'Prescription obtained', 'Prescription not needed', 'Prescription not recorded (retrospective entry)', and '--None--' (selected); and 'Supporting Info + Prescriber Name/Reg No' with a text box containing 'Dr X MCRN 1234'. At the bottom are 'Previous' and 'Next' buttons.

Pick **prescription obtained** if you are giving vaccine under the authority of a statutory instrument and using a lower interval than allowed in the statutory instrument. You will need to input the details of the person who gave you a prescription to give the vaccine.

Pick **no prescription needed** for a doctor or nurse prescriber administering the vaccine

Pick **retrospective data entry** if you are retrospectively inputting data and cannot tell if a prescription was obtained. There is then a mandatory box called supporting information where the vaccinatee needs to record the name of the prescriber of the vaccine and their professional number if a prescription was obtained or reason a prescription was not obtained.

For **additional dose patients** attending before 60 days from last primary dose, do not give the vaccine. Do not use the override function, close out of the record. A new appointment needs to be arranged.

Completion of these override screens will result in the Vaccine being marked as 'Complete' in the Vaccine Courses EHR Immunisations Tab.

After completing the Override screen for an Additional Dose or Booster Vaccination, the details of the Override can be viewed in a new section in the 'Details' tab within the Vaccine Course named '**Override Pre-existing course Rules also known as prerequisite vaccine course rule**':

The screenshot shows the 'Override Pre-existing Vaccine Course Details' section. It contains three input fields: 'Override vaccine course rules' with a radio button, 'Reason for Override' with a dropdown arrow, and 'Supporting Info + Prescriber Name/Reg No' with a text box.

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Sprint 16 goes live on 23/11/2021 (continued from page 6)

The override is also required if the primary course is not visible on the record

The override is also required if the primary course is not visible on the record and an additional or booster dose course is selected. At the add course stage, the same warning message appears asking you to override the prerequisite (pre-existing) vaccine course rule.

Ideally you would want to try recording the primary course before assigning a booster or additional dose as this may impact on release of cert at a later stage. But in an edge case, you may be required to do this and the override is required again with the same screens as above. Tick the override box and then select **prescription not needed** checking yourself that the interval is over 60 days minimum from the primary course and input the reason a primary dose is not recorded in the supporting information free text box.

Adding dose given elsewhere where the additional or booster dose is given elsewhere

For doses given abroad you need to add the booster dose and additional dose given elsewhere first before adding the primary course. The override will activate also in this case. Then select this override option and select from the **picklist prescription not needed** and input given elsewhere in the supporting information.

After using the given elsewhere function for additional or booster dose you are then allowed to add a primary course.

The record of what you inputted is a mandatory field and the details of override are stored on the immunisation record for each dose where the override is used.

Medical Eligibility Questionnaire Change

Small changes to the question on the prior COVID-19 infection to help the vaccinator:

- Addition of first or second dose to help text of question (1)
- Second part question you will see addition of 'in the last 6 months' to the question for booster and additional doses

• (1) If receiving your first or second dose of a COVID-19 vaccine, have you been diagnosed with COVID-19 within the last four weeks?

(2) If receiving a Booster Vaccine or an Additional Dose, have you tested positive (with a PCR test) for COVID-19 in the last 6 months since you were fully vaccinated with a course of COVID-19 vaccine?

- Yes
 No

(1) If yes and receiving a first or second dose of a COVID-19 vaccine, you should delay getting a vaccine until you have recovered from COVID-19 and it has been at least four weeks since you tested positive or developed symptoms, or four weeks from your first positive PCR test if you did not have symptoms.

(2) If yes and receiving a Booster vaccine or an Additional Dose vaccine, you should delay getting the vaccine until it has been at least 6 months from your first positive PCR test or your date of diagnosis.

For more information see the Covax 16 release notes or access the webinar on Monday 22 November.

[Click here](#)

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Website

Visit our website www.immunisation.ie regularly for the most up to date information to support vaccinators and health professionals responding to queries.

Our dedicated COVID-19 Vaccination section contains

- Information from the National Immunisation Advisory Committee
- Clinical guidelines
- COVID-19 vaccine studies
- IM injection technique reminders
- Dedicated pages for the licensed COVID-19 vaccines

[Visit here](#)

HSeLanD COVID-19 Vaccination Training Programme

You can access updates to the National Immunisation Office COVID-19 Vaccination Training Programme for Pfizer, Moderna and Janssen vaccine through your HSeLanD account.

[Visit HSeLanD](#)

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.

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

[Contact HSeLanD](#)

Do you have queries?

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

[Send your query](#)



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

- Mariangela Toma: mobile 087 7575679
- Cliona Kiersey: mobile 087 9915452

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

Read about the role of the National Immunisation Office in supporting the COVID-19 vaccination programme on our [website](#).

Recommendations about COVID-19 vaccine are changing as more information becomes available so please visit our [website](#) for the most up to date information.