THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

IRELAND

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Ireland

Maebh Ní Fhallúin

Governance

The **Health Service Executive**[1] is Ireland's publicly funded national health service, delivering health and social care services to the population of Ireland. It is responsible for the operational side of health and social care, implementing health and social care policy and legislation. The Department of Health has responsibility for developing policy and legislative frameworks for public health and for funding. The Health Service Executive is accountable to the Minister for Health.

The **National Immunisation Office**, established in 2005 under the Health Service Executive, serves as a coordinating unit for immunization to ensure high-quality, standardized implementation of all publicly funded immunization programmes (*The Role of the National Immunisation Office 2005–2011*). The Office's main responsibilities include:

- preparation of options papers for the implementation of changes, and the introduction of new vaccines, to the national immunization programmes. Health Service Executive management and the Department of Health determine the most appropriate implementation option and the National Immunisation Office then prepares a detailed implementation plan and project manages the implementation of the programme or campaign;

1 Health Service Executive: https://www.hse.ie/eng/health/immunisation/whoweare/.

- coordinating immunization programmes through collaboration with all stakeholders involved in their delivery and support;
- managing vaccine supply chains;
- developing educational, training and communication materials for health professionals and the public; and
- developing and implementing national standards in various aspects of immunization including training and education, consent forms, medication protocols and Health Service Executive staff immunization guidelines.

All information on immunization provided by the National Immunisation Office is based on the 'Immunisation Guidelines for Ireland', developed by the **National Immunisation Advisory Committee**[2] in the Royal College of Physicians of Ireland, which contain recommendations on the appropriate use of licensed vaccines. In addition to advising the Chief Medical Officer in the Department of Health on specific vaccine recommendations for use in Ireland, the National Immunisation Advisory Committee also helps develop national immunization strategies. Furthermore, it provides recommendations on which groups of the population should receive the seasonal influenza vaccine.

The **Health Protection Surveillance Centre**[3] is the specialist agency for the surveillance of communicable diseases and is part of the Health Service Executive. It provides policy advice and public information on the control and prevention of infectious diseases, and also carries out disease surveillance and epidemiological investigations and does research and training.

The **Health Products Regulatory Authority**[4] is an independent statutory body that provides an up-to-date list of licensed vaccines. It is the body responsible for pharmacovigilance and monitors adverse events following vaccination.

All vaccination programmes are organized nationally by the Health Service Executive.

2 National Immunisation Advisory Committee: https://www.rcpi.ie/policy-and-advocacy/national-immunisation-advisory-committee/.

3 Health Protection Surveillance Centre: https://www.hpsc.ie/abouthpsc/.

4 Health Products Regulatory Authority: www.hpra.ie.

	Measles (Children)	Flu (Adults)
Policy/ Decision-Making	Nationally (Health Service Executive, Department of Health, National Immunisation Advisory Committee)	Nationally (Health Service Executive, Department of Health, National Immunisation Advisory Committee)
Coordination/ Promotion	Nationally (Health Service Executive, National Immunisation Office)	Nationally (Health Service Executive, National Immunisation Office)
Implementation	Nationally (Health Service Executive, National Immunisation Office)	Nationally (Health Service Executive, National Immunisation Office)

Vaccinations are not mandatory in Ireland but are strongly recommended by the state, including for both measles and influenza.

Measles (Children)	Influenza (Adults)
There are two measles vaccination programmes for children, one delivered to children at 12 months through primary care and the other delivered at 4–5 years of age through Health Service Executive school immunization teams that go to primary schools (although in one Health Service Executive area children go to their primary care provider). The database for children in the primary immunization programme is populated predominantly by birth notification data. The school programme targets children attending school. For the primary childhood immunization programme there are eight separate immunization registries for eight of the Health Service Executive regions (based on former health boards/administrative areas). For the measles vaccine at 4–5 years of age, immunization information should be entered into the national Schools Immunisation Information System. (There is no single registry in Ireland that merges all immunization data.) The local Health Service Executive immunization office is responsible for calls and follow-up. Follow-up and recall of defaulters is performed at the local level by Health Service Executive immunization staff. Local immunization offices are responsible for the local immunization registry. The National Immunisation Office is responsible for setting standards that are implemented locally. It is also responsible for the governance of the Schools Immunisation Information System which is managed locally.	The influenza immunization programme for older people (≥65 years) is a voluntary programme. No population register is used to identify and target individuals. There is a an annual Health Service Executive -funded public campaign (on radio and sometimes TV, as well as through posters and leaflets) to encourage vaccine uptake among this age group and other risk groups. Individuals are recommended to attend their primary care provider or pharmacist for vaccination. There is no call or follow-up for individuals who do not attend for vaccination. There is no register of people younger than 65 years or for health care workers. However, individuals at risk in younger age groups and health care workers are also targeted in the annual public campaign.

Targeted measures for specific groups of the population.

Measles (Children)	Flu (Adults)
There are Health Service Executive promotional materials specifically for members of the Traveller and Roma communities.	None.

Incentive schemes for citizens/parents or vaccinators.

Measles (Children)	Flu (Adults)
The Health Service Executive runs awareness campaigns for the public and for vaccinators. There are no sanctions.	The Health Service Executive runs awareness campaigns for the public and for vaccinators. There are no sanctions.

The methods used to estimate vaccination coverage rates at national/subnational level.

Measles (Children)	Flu (Adults)
Administrative method based on the numbers vaccinated through the Health Service Executive' s two programmes (at 12 months and at 5 years) divided by the number of eligible children in the population. Health Service Executive birth registration data is used for the primary immunization register (plus any children who moved in, minus children who moved out or died). For the school immunization system each child vaccinated is entered into the system. The denominator used at school level is the school class population at the beginning of the school year. Uptake is reported by area, region and nationally.	• Administrative method for those aged ≥65 - - Primary Care Reimbursement Scheme data - On a monthly basis from September to August, Monthly/ Annual reports • Survey method for health care workers - Hospitals and long-term care facilities - Mid/end season • Telephone/omnibus surveys representative of the adult population - Approximately every three years - Comparison is made with Primary Care Reimbursement Scheme data for the >65 years age group - Collecting data for population groups not routinely monitored

(*Source*: https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/dr-j-mereckiene.pdf)

Provision

Childhood vaccinations against measles are administered by general practitioners or practice nurses in primary care (at 12 months) or in schools by public health/community nurses (at 4–5 years). For the primary immunization programme children are registered with one general practitioner practice for the delivery of the recommended vaccines.

Adult vaccinations against influenza are provided by general practitioners or practice nurses in primary care or by community pharmacists. Vaccinations are provided to health care workers primarily by Occupational Health departments. In recent years peer vaccinators (nurses) have been trained in many health care settings to provide vaccination. Health care workers can also obtain vaccinations from their own primary care provider or pharmacist.

General practitioners are private providers contracted by the Health Service Executive to deliver vaccinations. For administering vaccinations, they are accountable to both the Health Service Executive and the Irish Medical Council, which is the regulator of the medical profession in Ireland.

Practice nurses are privately employed by general practitioners and are responsible for adhering to the standards and guidance provided by the Nursing and Midwifery Board of Ireland.

Peer vaccinators in health care settings are nurses employed by the health care facility. They are responsible for adhering to the standards and guidance provided by the Nursing and Midwifery Board of Ireland.

Pharmacists are private providers contracted by the Health Service Executive to deliver vaccinations. For administering vaccinations, they are accountable to the Health Service Executive and the Pharmaceutical Society of Ireland, which regulates the professional practice of pharmacists.

Financing

Childhood vaccinations against measles are provided free at the point of delivery. The costs of vaccines and vaccination services are covered from the statutory financing system via taxation.

Adult vaccinations against influenza are provided free of charge by the Health Service Executive to all those in at-risk groups **with** a medical card (i.e. those from low-income households). The vaccine is free for everyone, but for those **without** a medical card, doctors and pharmacists may charge a consultation/administration fee (Ireland does not have universal primary care so a general practitioner consultation fee of €50–€60 is standard).

The statutory financing system (taxation) covers the cost of the vaccine for everyone. For medical card holders, the statutory financing system (taxation) also covers the cost

of the vaccine administration. People **without** a medical card pay out-of-pocket for vaccine administration, which may or may not be included in the general practitioner consultation fee. Payment is not a barrier to uptake of vaccination for measles but could be for influenza.

Key barriers and facilitators

Barriers for childhood vaccination against measles

- Vaccine hesitancy because of social media, mistrust in vaccines and belief in potential harmful effects. This impacts on the level of vaccine uptake.
- Absence of a national primary immunization information system negatively impacts on the ability to identify children who miss their first dose of measles vaccine if they move to another area. In addition, general practitioners do not have access to the immunization registry to review vaccines received if a child has moved to another practice.
- Children born outside Ireland who come to the country in their first or second year of life may not be entered onto the local immunization register, unless they are picked up by a general practitioner or the parents seek registration themselves.
- Migrant parents may have language or health literacy challenges. Even if their child is on the register they may not understand the invitation letters sent by the Health Service Executive to attend for vaccination. Some marginalized groups (e.g. migrants and homeless families) may move home frequently and Health Service Executive correspondence/invitations to vaccination may not be received.
- Children older than 12 years of age who have missed the measles vaccine doses at the recommended age have to pay for vaccination (but not for the vaccine).
- General practitioners and nurses have difficulty identifying older children who have missed measles vaccinations if they are new to the practice, as there is no web-based system to interrogate at the time of consultation and many parents are not sure of the vaccine status of their older children.

Facilitators for childhood vaccination against measles

- There is no cost for individuals if vaccination is obtained before 12 years of age
- Supportive approach by health care professionals
- The Health Service Executive's active recall system for the primary immunization programme. Mop-up clinics for the school immunization programme are held over the summer for those children who may have missed vaccination day

Barriers to adult vaccination against influenza

- Cost for members of the public without medical cards
- Some vaccine hesitancy due to the perception of harmful effects associated with the vaccine
- Availability/access issues for some health care professionals (e.g. those working in small rural communities)
- For health care workers, access to vaccination, if delivered in clinics, can be particularly difficult if they have to travel to a site off-work to obtain vaccination

Facilitators for adult vaccination against influenza

- Increasing informed media coverage and medical advice for the public
- Promotional/awareness campaigns
- Local champions
- Pharmacist delivery provides additional venues in the community
- Peer vaccinators

Reference

Interview with Dr Kevin Kelleher, Assistant National Director for Public and Child Health.