

Seasonal Influenza & COVID-19 Vaccination Among Long term/Residential Care Facility (LTCF/RCF)-based Health Care Workers (HCWs)

2024-2025 Season

A report from the Vaccine Preventable Disease Team, HPSC¹

Report prepared by: VPD Team, HPSC

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t: +353 1 8765300

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What are the key messages in this report?

- In this 2024-2025 season HCW-based survey, vaccine uptake was for
- Public RCFs only
 - 32.8% for Seasonal influenza vaccine (n=128 RCFs)
 - 12.3% for COVID-19 vaccine (n=97 RCFs) Private (n=97)
 - 36.5% for Influenza vaccine (n=103 RCFs)
 - 23.5% for COVID-19 vaccine (n=87 RCFs)
- 2. A continuing downward trend in influenza vaccine uptake among HCWs since the 2021-2022 season was observed.
- 3. Participation by the 286 public (n=157) and private (n=129) RCFs in the latest annual survey remains steady, and whilst many provided data on both vaccines, some provided influenza vaccination data only or COVID-19 vaccination data only or neither.

Note:

The raw data used to develop the content of this report are available in a link in Appendix 1 at the end of this power-point presentation.



Seasonal influenza Vaccination



COVID-19 Vaccination

- + The 2024-2025 survey marks the first time that the annual HPSC-based HCW survey begun monitoring of COVID-19 vaccine uptake
- Uptake was 12.3% in 97 public RCFs and 23.5% in 87 private RCFs, an absolute difference of 11.2%
- In public RCFs, uptake was highest in the HSE Midlands
 Region at 38.7% based on two returns and lowest HSE
 Dublin & South East Region at 8.4% based on 36 returns
- + Among the six categories of staff, uptake in
 - public RCFs was highest among management & administration at 26.9% and lowest among nursing at 10.0%
 - private RCFs was highest among other patient & client care staff at 40.5% and lowest among general support staff at 14.2%



Survey participation

4 Public and 13 Private RCFs had no data at all to report with 269 RCFs completed returns (153 Public and 116 Private)

- 25 Public and 13 Private RCFs had no influenza vaccination data to report
- 59 Public and 29 Private RCFs had no COVID-19 vaccination data to report
- 128 of the 157 Public (81.5%) and 103 (80.0%) of the 129
 Private RCFs provided influenza vaccine uptake figures
- 97 of the 157 Public (61.7%) and 87 (67.4%) of the 129 Private RCFs provided COVID-19 vaccine uptake figures
- 4 RCFs that provided COVID-19 vaccine uptake figures did not provide influenza vaccine uptake figures
- 54 RCFs that provided influenza vaccine uptake figures did not provide COVID-19 vaccine uptake figures

+ Surveys on RCF-based health care workers (HCWs) uptake of the seasonal influenza vaccine have been conducted annually each

+ Among HCWs in 128 public RCFs

winter season since 2011-2012

- + Uptake reached its peak at 66.3% in 2021-2022
- + In contrast, the uptake in the latest 2024-2025 survey was 32.8%, more than a 50% reduction since 2021-2022
- + In 2024-2025, the Midwest Region with four reporting RCFs reported the highest uptake at 58.2% and the lowest in the West and North West region with 36 participating RCFs at 26.3%
- + The Dublin and Midlands, Midlands and South West regions were the only two to show an increase in uptake.
- + Across the six categories of staff, uptake fell since the last season, except among medical & dental personnel
- + In 2024-2025, uptake in public RCFs was highest among medical & dental staff at 42.5% and lowest among health & social care professionals at 27.6%
- No visible link is discernible between staff compliment size and changes in uptake each season overall or among the different categories of staff
- + Among 103 private RCF-based HCWs
 - + Uptake in the 2024-2025 survey was 37.2%, 4.4% higher than among public RCF-based HCWs
 - Uptake was highest among other patient & client care staff at 41.2% and lowest among medical & dental staff at 32.3%



What background information is relevant when reading this report?

- 1. What is the annual HPSC RCF-based HCW survey?
- 2. What is the target vaccine uptake?
- 3. When was the survey conducted?
- 4. How were the survey returns collated?
- 5. What were the key questions asked in the survey?

- 1. This HSE-HPSC survey report on the uptake of the influenza and COVID-19 vaccines in HCWs for the 2024-2025 season presents results based on a number of data sources, focusing on returns obtained from long term/residential care facilities (LTCFs/RCFs).
- 2. Nationally, the HSE target influenza vaccine uptake for RCF-based HCWs of 75% remained unchanged from the previous season. In 2024-2025 the HCW target for COVID-19 vaccination uptake was 50%.
- 3. For the 2024/2025 season, the survey was undertaken on 4th November 2024 for provisional results and repeated again on 20th February 2025 for final returns. Validation of returns was completed on 10th April 2025.
- 4. The survey was conducted online using the Qualtrics platform.
- 5. Among the key questions asked in the survey include:
 - Number of eligible HCWs for each of the six official categories of staff (General Support Staff, Health & Social Care Professionals, Management & Admin, Medical & Dental, Nursing and Other Patient & Client Care)
 - Number of seasonal influenza and COVID-19 eligible and vaccinated HCWs
 - Sources of information to collate the number of eligible and vaccinated HCWs

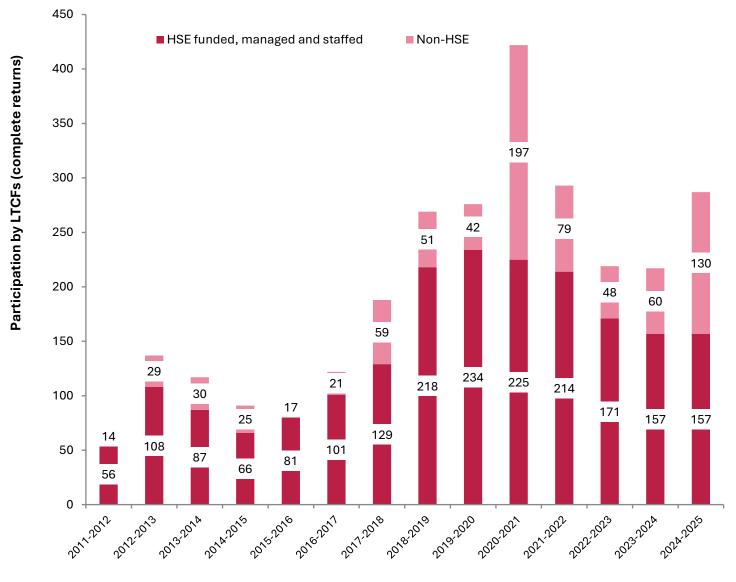




Survey participation by RCFs

- Completion of HPSC annual surveys on HCW vaccine uptake by private RCFs is not obligatory and it is one reason why the overall numbers of participating RCFs can vary season to season (Figure 1).
- Between 2018-2019 and 2021-2022 participation by public RCFs has been generally high, but there has been a steady decline since 2019-2020 to date.
- Between 2020-2021 and 2022-2023 a decline in participation by private RCFs was observed, but since 20243-2024 has begun to increase again.
- Note: The 2024-2025 season marks the beginning where it is possible for survey participants to complete a survey but record that they did not have access to their own seasonal influenza or COVID-19 vaccination data or both.
- In June 2025, a total of 2,468 active RCFs were registered on the HSE service directory, of which 799 were elderly based and 1,667 were disability based. In total 287 RCFs participated in the 2024-2025 survey, 11.6% of the total.

Figure 1. Number of survey participating RCFs by funding model by season, 2011-2012 to 2024-2025



Season





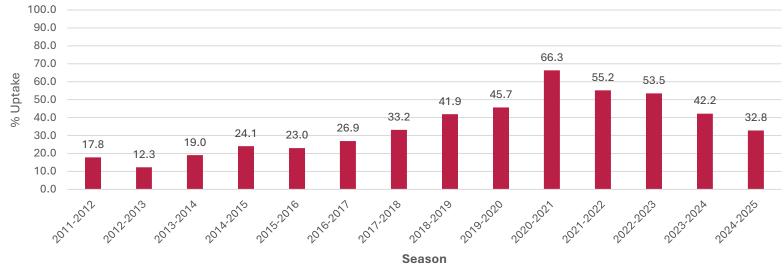
Seasonal influenza vaccine uptake among public RCF-based HCWs-The overall picture

- Since the 2020-2021 season, the height of the COVID-19 pandemic, seasonal influenza vaccine uptake among public RCF based HCWs has declined sharply.
- In 2020-2021, uptake was 66.3% and in 2024-2025 it was 32.8%, an absolute difference of 33.5% (Figure 2, Table 1).

Table 1. Eligible and vaccinated public RCF—based HCWs for the seasonal influenza vaccine by season and key metrics, 2011-2012 to 2024-2025 seasons

Season	No. Eligible Staff	No. Vaccinated Staff	Overall % Uptake	Average % Uptake	Range % Uptake	No. RCFs
2011-2012	3861	687	17.8	17.3	0-90.38	56
2012-2013	10823	1327	12.3	14.9	0-76	108
2013-2014	8704	1658	19.0	21.4	0-80	87
2014-2015	7031	1691	24.1	26.9	0-77.14	66
2015-2016	7058	1625	23.0	24.4	0-100	81
2016-2017	9633	2595	26.9	28.0	0-75	101
2017-2018	13928	4621	33.2	36.9	0-93.33	129
2018-2019	13205	5531	41.9	39.5	0-96.66	218
2019-2020	13926	6361	45.7	48.7	0-100	234
2020-2021	13537	8982	66.3	65.8	1.72-100	225
2021-2022	14390	7948	55.2	54.4	0-100	214
2022-2023	9134	4888	53.5	50.6	26.08-76.92	171
2023-2024	10182	4297	42.2	45.5	0-100	157
2024-2025	7323	2402	32.8	33.5	0-100	128

Figure 2. Percentage uptake of influenza vaccine among public RCF-based HCWs by season, 2011-2012 to 2024-2025 seasons



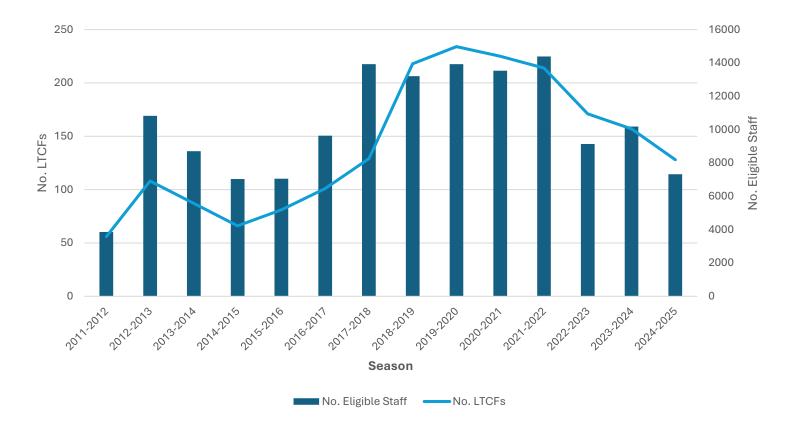




Seasonal influenza vaccine uptake among public RCF-based HCWs-The overall picture

- Since the 2021-2022 season, the number of eligible staff in the participating hospitals has risen.
- As overall vaccine uptake levels have dropped, the overall eligible staff count has also declined (Figure 3).

Figure 3. Number of participating public RCFs and eligible HCWs by season, 2011-2012 to 2024-2025 seasons







Seasonal Influenza vaccine uptake among public RCF-based HCWs by region

- Overall uptake as 32.8%.
- Midwest region reported the highest vaccine uptake at 58.2% and the West and North West region the lowest at 26.9%.
- Uptake was highest among medical & dental staff at 42.2%.
- Uptake was lowest among health & social care professionals at 27.6% (Table 2).

Table 2. Uptake of the seasonal influenza vaccine among public RCF-based HCWs by staff type and region, 2024-2025 season

HSE Regional Health Area-Location	No. LTCFs	% Uptake Total	% Uptake Management & Administration	% Uptake Medical & Dental	& % Uptake Health & SocialCare	% Uptake Nursing	% Uptake General Support	% Uptake Other Patient & ClientCare
HSE Dublin and Midlands	8	32.6	35.6	45.0	19.3	28.8	33.0	43.2
HSE Dublin and North East	16	36.9	37.0	57.1	33.3	36.2	36.0	39.8
HSE Dublin and South East	53	31.3	39.6	33.8	32.7	31.0	30.3	29.7
HSE Midwest	4	58.2	47.6	100.0	25.0	47.4	56.3	69.2
HSE South West	11	39.5	51.2	66.7	29.3	40.5	35.1	41.3
HSE West and North West	36	26.9	45.4	20.0	20.5	28.7	20.7	26.9
Total-public	128	32.8	42.0	42.5	27.6	31.9	31.1	35.0

Note: See slide #2 for details of the participating survey number of RCFs that did and did not report influenza vaccination data





Seasonal influenza vaccine uptake among private RCF-based HCWs by region

- Overall uptake was 37.2%, higher than what was reported for public RCFs (slide #7)
- Dublin and North East region reported the highest vaccine uptake at 46.5% and the Midwest the lowest at 26.2%.
- Uptake was highest among other patient & client care staff staff at 41.2%.
- Uptake was lowest among management & administration staff at 31.6% (Table 3).

Table 3. Uptake of the seasonal influenza vaccine among private RCF-based HCWs by staff type and region, 2024-2025 season

HSE Regional Health Area-Location	No. LTCFs	% Uptake Total	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Health & SocialCare	% Uptake Nursing	% Uptake General Support	% Uptake Other Patient & ClientCare
HSE Dublin and Midlands	20	37.4	47.4	28.3	42.4	37.2	31.4	35.7
HSE Dublin and North East	13	46.5	57.4	100.0	32.5	41.8	33.8	65.7
HSE Dublin and South East	28	35.3	13.7	50.0	36.9	43.8	39.8	55.2
HSE Midwest	9	26.2	58.5	-	41.0	33.3	18.6	18.5
HSE South West	28	41.3	47.8	60.9	26.0	42.7	38.5	49.1
HSE West and North West	5	39.1	55.6	-	25.8	44.7	22.2	50.6
Total-private	103	37.2	31.6	32.3	36.6	39.5	33.4	41.2

Note: See slide #2 for details of the participating survey number of RCFs that did and did not report influenza vaccination data





Seasonal influenza vaccine uptake among different categories of staff type and region in public RCFs

 Uptake was generally higher among management & administration and medical & dental staff in public RCFs (Figures 3a-3f). compared to private RCFs (Figures 4a-4f, see next slide), but for other categories of staff the reverse was generally the case.

Figures 3a-3f. Uptake among HCWs for the seasonal influenza vaccine by <u>public</u> RCF, region and staff type, 2024-2025 season







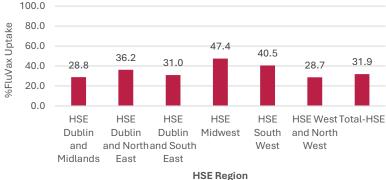
■ % Uptake Health & Social Care



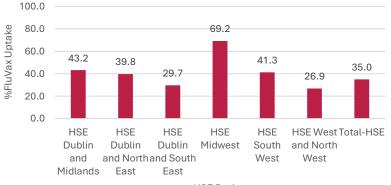
■ % Uptake General Support Staff



■ % Uptake Medical & Dental



■ % Uptake Nursing







Seasonal influenza vaccine uptake among different categories of staff type and region in private RCFs

 Among public RCFs, uptake was highest in the Mid West region (see previous slide), and among private RCFs no one region consistently had the highest uptake (Figures 4a-4f).

Figures 4a-4f. Uptake among HCWs for the seasonal influenza vaccine by <u>non-HSE/private</u> RCF, region RCF and staff type, 2024-2025 season







Seasonal influenza vaccine uptake by region

 No public or private RCF had a seasonal influenza vaccine uptake that was significantly greater or less than the overall uptake for all regions combined (Figures 5a, 5b).

Figure 5a. Uptake among HCWs for the seasonal influenza vaccine by <u>public</u> RCF and region, 2024-2025 season, with 95% CIs

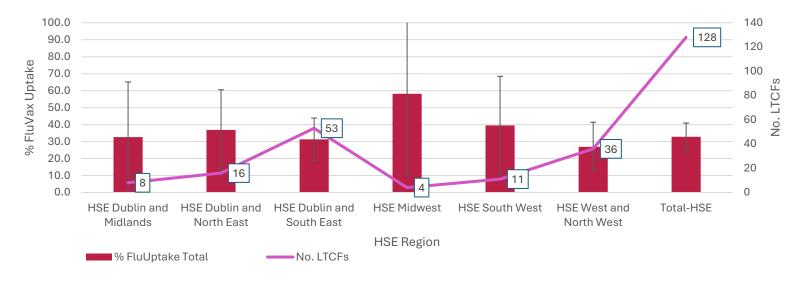


Figure 5b. Uptake among HCWs for the seasonal influenza vaccine by <u>private</u> RCF and region, 2024-2025 season, with 95% CIs







A consistent, downward seasonal trend in seasonal influenza vaccine uptake is evident across in public RCFS in all regions except the Dublin & Midlands, Midwest and the South West since the 2020-2021 season at the height of the COVID-19 pandemic (Figure 6a-6f).

Figures 6a-6f. Percentage uptake of seasonal influenza vaccine among HCWs by public RCF, region and season, 2011-2012 to 2024-2025



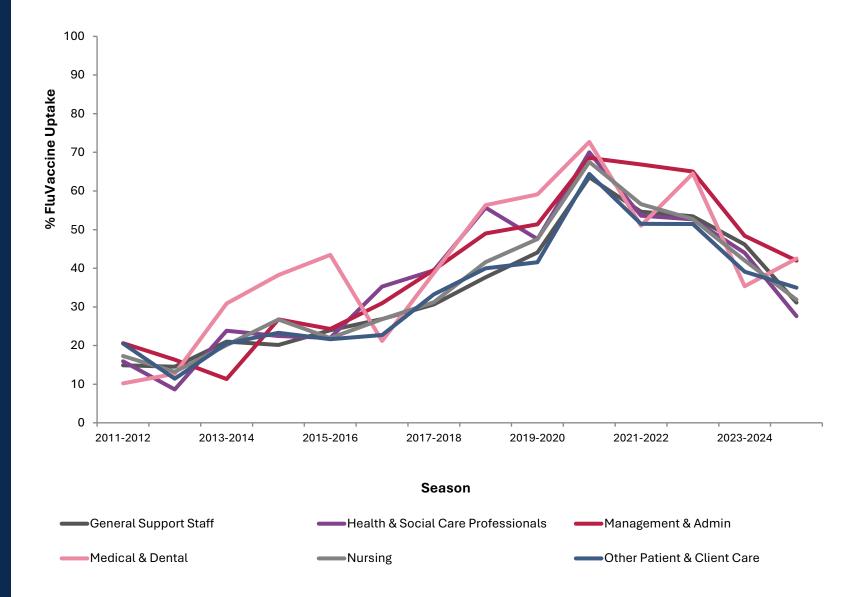




Seasonal influenza vaccine uptake by staff type in public RCFs-Seasonal Trends

 Uptake among the different categories of staff mirrors the overall trend observed since 2011-2012, with medical & dental staff in public-based RCFs frequently having the highest uptake recorded each season (Figure 7).

Figure 7. Percentage uptake of seasonal influenza vaccine among public RCF-based HCWs by staff type and season, 2011-2012 to 2024-2025



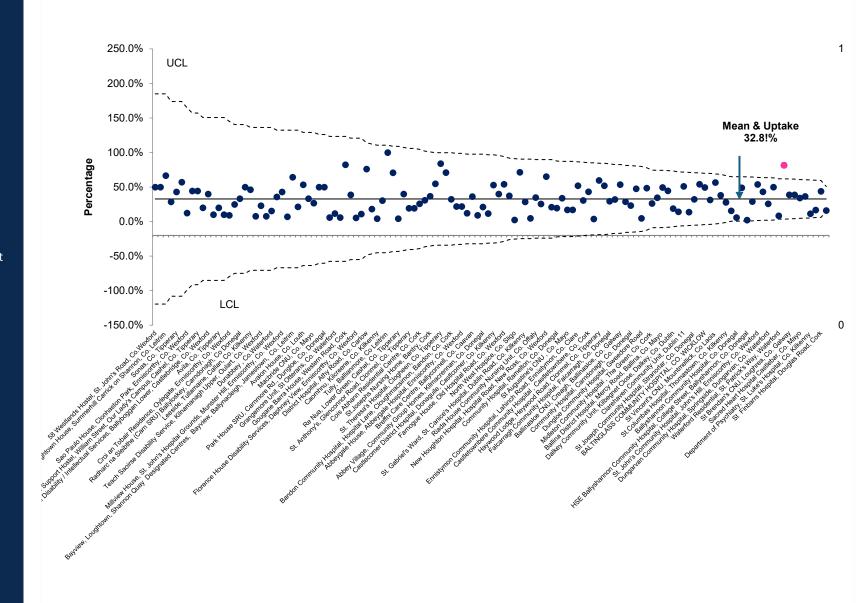




P prime funnel chart of public RCF-based HCW seasonal influenza vaccine uptake

- One public RCF reported a seasonal influenza vaccine uptake of 81.7% that was significantly above the average of 32.8% (Figure 8).
- See supplementary notes on slide #44 for explanatory notes about P prime funnel charts

Figure 8. Funnel chart of percentage uptake of seasonal influenza vaccine among HCWs by public RCF with mean uptake with 95% confidence limits (CL), 2024-2025



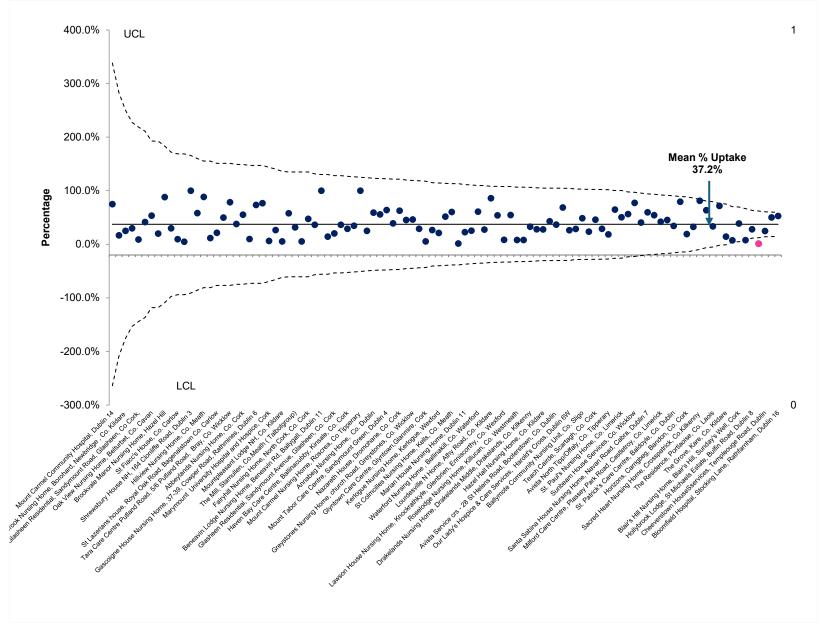




P prime funnel chart of private RCF-based HCW seasonal influenza vaccine uptake

- One private RCF with a seasonal influenza vaccine uptake of 1.2% was significantly below the average of 37.2% (Figure 9).
- See supplementary notes on slide #44 for explanatory notes about P prime funnel charts

Figure 9. Funnel chart of percentage uptake of seasonal influenza vaccine among HCWs by private RCF with mean uptake with 95% confidence limits (CL), 2024-2025







COVID-19 vaccine uptake among public RCF-HCWs by region

- Overall uptake for COVID-19 in public RCFs was 12.3% which was about a third of that for seasonal influenza (slides # 7, 8)
- Midwest region reported the highest vaccine uptake at 38.7% and the Dublin & South East region the lowest at 8.4%.
- Uptake was highest among management & administration staff at 26.9%.
- Uptake was lowest among nursing staff at 10.0% (Table 4).

Table 4. Uptake of the COVID-19 vaccine among public RCF-based HCWs by staff type and region, 2024-2025 season

HSE Regional Health Area-Location	No. LTCFs	% Uptake Total	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Health & SocialCare	% Uptake Nursing	% Uptake General Support	% Uptake Other Patient & ClientCare
HSE Dublin and Midlands	10	13.2	39.4	19.0	9.2	7.6	12.5	16.5
HSE Dublin and North East	11	18.9	48.5	33.3	23.9	21.3	13.3	2.9
HSE Dublin and South East	36	8.4	12.8	7.4	13.7	7.1	10.7	3.2
HSE Midwest	2	38.7	66.7	50.0	-	24.2	1.4	92.2
HSE South West	9	19.1	28.6	66.7	3.0	17.8	21.9	18.8
HSE West and North West	29	9.3	19.6	0.0	9.5	9.0	9.4	7.8
Total-public	97	12.3	26.9	19.1	12.3	10.0	11.4	12.7





COVID-19 vaccine uptake among private RCF-HCWs by region

- Overall uptake for COVID-19 in private RCFs was 23.5% which was nearly double that for public RCFs (slide # 9)
- Dublin & North East region reported the highest vaccine uptake at 36.0% and the Dublin & Midlands region the lowest at 19.2%.
- Uptake was highest among other patient & client care staff at 40.5%.
- Uptake was lowest among general support staff at 14.2% (Table 5).

Table 5. Uptake of the COVID-19 vaccine among private RCF-based HCWs by staff type and region, 2024-2025 season

HSE Regional Health Area-Location	No. LTCFs	% Uptake Total	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Health & SocialCare	% Uptake Nursing	% Uptake General Support	% Uptake Other Patient & ClientCare
HSE Dublin and Midlands	16	19.2	21.1	6.7	27.9	10.4	14.4	25.1
HSE Dublin and North East	12	36.0	38.6	100.0	25.6	31.3	25.4	51.0
HSE Dublin and South East	26	22.0	7.3	28.6	15.7	19.8	12.3	52.9
HSE Midwest	7	30.1	37.5	-	35.5	30.1	18.9	31.7
HSE South West	22	24.7	29.6	25.0	19.9	20.3	10.5	45.7
HSE West and North West	4	19.9	29.2	-	1.4	13.9	3.8	42.7
Total-private	87	23.5	14.7	16.3	22.0	17.7	14.2	40.5

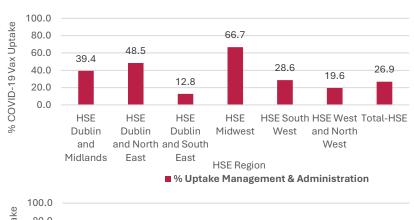




COVID-19 vaccine uptake among different categories of staff type and region in public RCFs

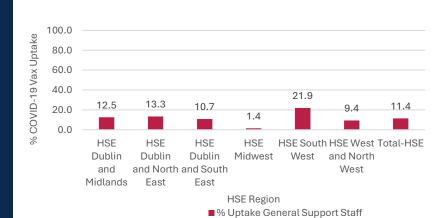
- Uptake was higher across all categories of staff except for medical and dental staff in private RCFs compared to public RCFs (Figure 5a-5f).
- Among public RCFs, no one region consistently had the highest uptake, and among private RCFs uptake was highest in Dublin and North East region (Figures 11a-11f, next slide).

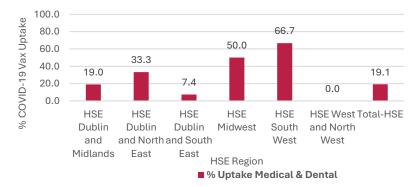
Figures 10a-10f. Uptake among HCWs for the COVID-19 vaccine by <u>public</u> RCF, region and staff type, 2024-2025 season

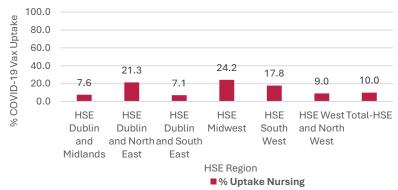




■ % Uptake Health & Social Care







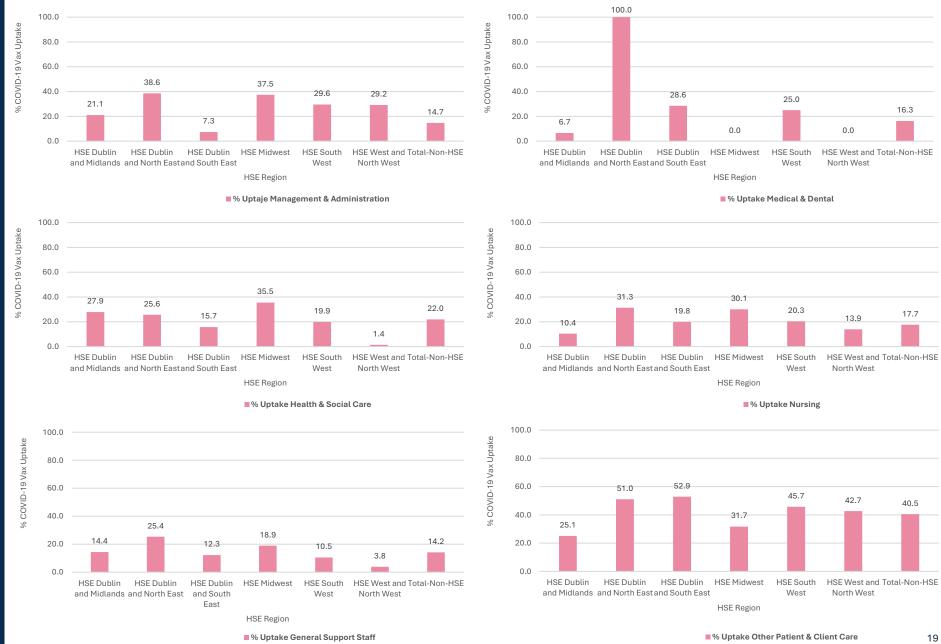






COVID-19 vaccine uptake among different categories of staff type and region in private **RCFs**

Figures 11a-11f. Uptake among HCWs for the COVID-19 vaccine by non-HSE/private RCF, region and staff type, 2024-2025 season







COVID-19 vaccine uptake by region

No public or private RCF had a COVID-19
 vaccine uptake that was significantly greater or
 less than the overall uptake for all groups
 combined (Figures 12a, 12b).

Figure 12a. Uptake among HCWs for the COVID-19 vaccine by <u>public</u> RCF and region, 2024-2025 season, with 95% CIs



Figure 12b. Uptake among HCWs for the COVID-19 vaccine by <u>private</u> RCF and region, 2024-2025 season, with 95% CIs

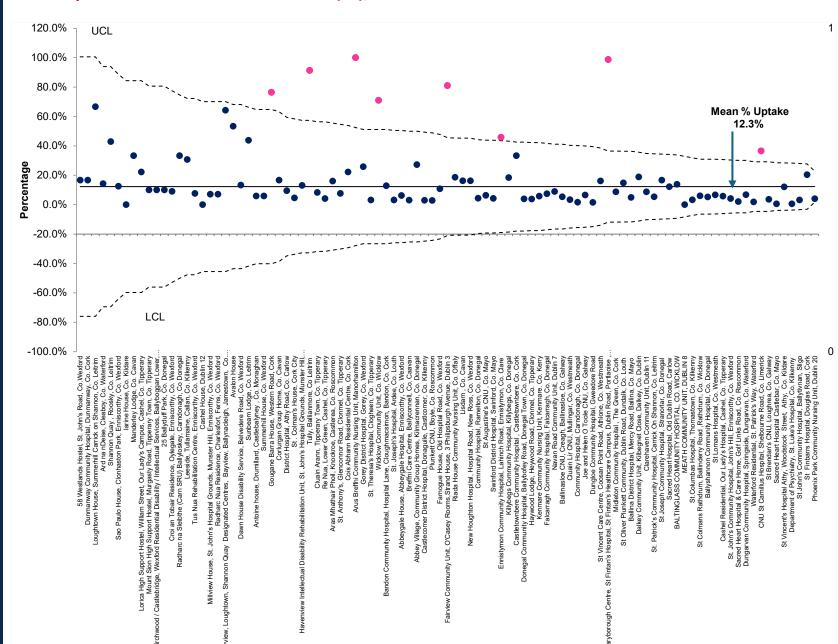






- Eight RCFs had uptakes significantly above the average of 12.3% (Figures 13).
- See supplementary notes on slide #44 for explanatory notes about P prime funnel charts

Figure 13. Funnel chart of percentage uptake of COVID-19 vaccine among HCWs by public RCF with mean uptake with 95% confidence limits (CL), 2024-2025



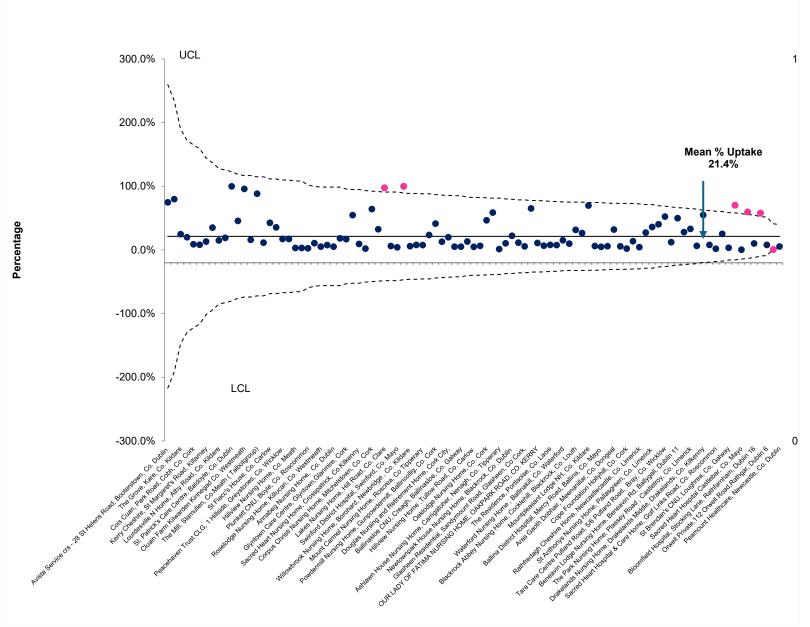




P prime funnel chart of private RCF HCW COVID-19 vaccine uptake

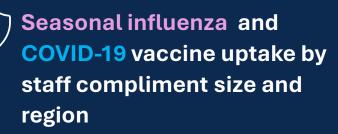
- Five RCFs had uptakes significantly above the average of 21.3% and one was below it (Figure 14).
- See supplementary notes on slide #44 for explanatory notes about P prime funnel charts

Figure 14. Funnel chart of percentage uptake of COVID-19 vaccine among HCWs by private RCF with mean uptake with 95% confidence limits (CL), 2024-2025





SECTION C: Staff compliment size



• In 2024-2025, no statistical difference in the uptake of either seasonal influenza or COVID-19 vaccines by staff compliment size (<100, and 100+) and by RCF funding model (Figures 15.1, 15.2) was observed.

Figure 15.1. Percentage uptake of seasonal influenza vaccine among HCWs in public RCFs by staff compliment size, region, 2024-2025 with 95% CIs

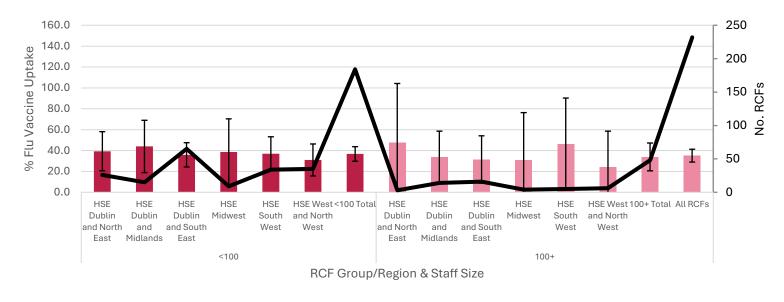
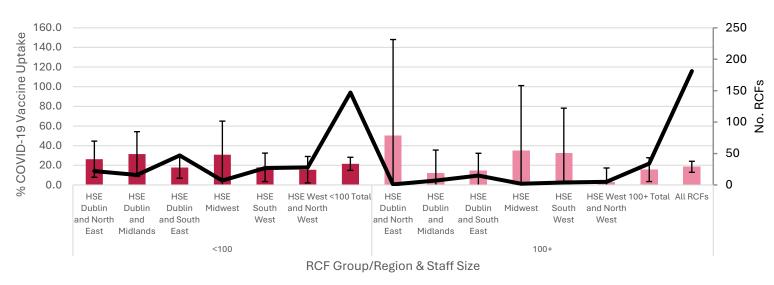


Figure 15.2. Percentage uptake of COVID-19 vaccine among HCWs in private RCFs by staff compliment size, region, 2024-2025 with 95% CIS





SECTION D: RCF Remit and Funding



Primary remit of RCF and funding model

- Elderly-older person RCFs accounted for over half of the survey participants in 2024-2025 (n=159; 55.4%), followed by intellectual disability (n=47; 16.4%) and closely by mental health (n=45; 15.7%) (Table 6).
- 44 out of 45 (97.8%) participating mental health RCFs were HSE managed.

Table 6. Number of survey participating RCFs by primary remit and funding model, 2024-2025

Type of LTCF (primary remit)	HSE	% HSE Total	Non-HSE	% Non-HSE Total	Total	% Total
Elderly	78	49.7	81	62.3	159	55.4
Intellectual Disability	15	9.6	32	24.6	47	16.4
Mental Health	44	28.0	1	0.8	45	15.7
Other Disability	8	5.1	2	1.5	10	3.5
Hospice Care	1	0.6	0	0.0	1	0.3
Mixed / Combination Care	7	4.5	11	8.5	18	6.3
Other Care (not listed above)	4	2.5	2	1.5	6	2.1
Unknown	0	0.0	1	0.8	1	0.3
Total	157	100.0	130	100.0	287	100.0



SECTION E: National vaccine uptake targets

- Seasonal influenza vaccination:
- The percentage of participating public RCFs that met the national uptake of 75% reached its highest level of 40.8% during the 2020-2021 season when the uptake was 71.4% (Figure 16).
- Since then the percentage meeting that same target has fallen sharply and for the 2024-2025 season, it was 3.9%, which is lowest recorded level ever in all of the annual surveys undertaken.

COVID-19 vaccination:

27 RCFs recorded overall uptakes that was
 50% or more, 9 public and 18 private

Figure 16. Number of participating public RCFs meeting the national influenza vaccine target by season, 2011-2012 to 2024 -2025





SECTION F: Sources of eligible HCWs and vaccine uptake information cited by participating



Sources of eligible HCW information cited by participating RCFs

- 187 of the 287 (65.2%) survey participating RCFs cited the person in charge as the sole source of information for eligible staff counts followed by HR office (n=21; 7.3%) and by both of these together (n=15; 5.2%) (Table 7.1).
- 35 RCFs (12.2%) cited other data sources or were unsure or did not specify a data source.

Table 7.1 Sources of eligible HCW figures cited by participating RCFs, 2024-2025 season

Sources of information used to collate the number of ELIGIBLE RCF based HCWs	Total	% Total
Person In Charge	187	65.2
HR office	21	7.3
Person In Charge, HR office	15	5.2
Person In Charge, Other	11	3.8
Person In Charge, HR office, Other	5	1.7
HR office, Other	2	0.7
Person In Charge, National HR office if HSE	2	0.7
Person In Charge, HR office, National HR office if HSE	2	0.7
National HR office if HSE	1	0.3
Person In Charge, CHO HR office	1	0.3
Person In Charge, HR office, CHO HR office	1	0.3
Person In Charge, HR office, CHO HR office, National HR office if HSE	1	0.3
Person In Charge, HR office, Unsure	1	0.3
Person In Charge, Unsure	2	0.7
Other/Unsure/Unspecified	35	12.2
Total no. of survey participating RCFs	287	100



SECTION F: Sources of eligible HCWs and vaccine uptake information cited by participating



Sources of vaccine uptake information cited by participating RCFs

- 76 of the 287 (26.5%) survey participating RCFs cited the person in charge as the sole source of information for vaccinated staff counts followed by IIS National Dashboard / Covax (n=53;18.5%), the person in charge/self reporting HCWs (n=39; 13.6%) and self-reporting HCWs (n=30; 10.5%) (Table 7.2).
- 26 RCFs (9.1%) cited other data sources or were unsure or did not specify a data source or did not have access to data.
- The IIS dashboard, its system portal or 'Covax' was cited by 78 (27.1%) (highlighted in red in Table 7.2) as an exclusive data source or in combination together or with others.

Table 7.2 Sources of vaccinated HCW figures cited by participating RCFs, 2024-2025 season

Sources of information used to collate the number of VACCINATED RCF-based HCWs	Total	% Total
Person In Charge	76	26.5
IIS National Dashboard / Covax	53	18.5
Person In Charge, Self-reporting by HCWs	39	13.6
Self-reporting by HCWs	30	10.5
Other/Unsure/Unspecified/Unavailable	26	9.1
Local LTCF records, Self-reporting by HCWs	9	3.1
COVAX/IIS system portal, Local LTCF records, Self-reporting by HCWs	5	1.7
Local LTCF records	5	1.7
Person In Charge, Local LTCF records, Self-reporting by HCWs	5	1.7
Person In Charge, Self-reporting by HCWs, Other	5	1.7
IIS National Dashboard / Covax / PIC	3	1.0
COVAX/IIS system portal	9 5 5 5 3 3 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1	1.0
Person In Charge, Local LTCF records	3	1.0
Person In Charge, Local LTCF records, Self-reporting by HCWs, Other	2	0.7
Local LTCF records, Other	2	0.7
Person In Charge, COVAX/IIS system portal, Self-reporting by HCWs	2	0.7
COVAX/IIS system portal, Local LTCF records	2	0.7
Self-reporting by HCWs, Other	2	0.7
Self-reporting by HCWs, Unsure	2	0.7
Person In Charge, COVAX/IIS system portal, Local LTCF records	1	0.3
Person In Charge, COVAX/IIS dashboard, Local LTCF records, Self-reporting by HCWs	1	0.3
Local LTCF records, Self-reporting by HCWs, Other	1	0.3
COVAX/IIS system portal, Self-reporting by HCWs	1	0.3
COVAX/IIS dashboard, Local LTCF records	1	0.3
COVAX/IIS system portal, Self-reporting by HCWs, Other	1	0.3
Person In Charge, COVAX/IIS system portal	1	0.3
Person In Charge, COVAX/IIS system portal, COVAX/IIS dashboard, Local LTCF records, Self-reporting by HCWs	1	0.3
COVAX/IIS system portal, COVAX/IIS dashboard, Local LTCF records	1	0.3
IIS National Dashboard / Covax / Peer Vaccinator	1	0.3
Person In Charge, Other	1	0.3
Person In Charge, Unsure	1	0.3
COVAX/IIS dashboard	:	0.3
Total no. of survey participating RCFs	287	100

Note: IIS/COVAX= HSE Integrated Information Services (IIS) and COVAX Implementation system



What do I need to know about how the data for this report was collected?

- + Results from HPSC vaccination surveys are subject to both reporting and representation/participation bias
- + Factors:
 - + Administrative: out of date contact details held by HPSC, high turnover in local reporting staff
 - + Technical: Lack of IT hardware, software, knowhow by local staff, online access
 - + Access to data: RCFs not having access to or maintaining their own vaccination records
- + Judging from the nature of the response to this survey, many RCFs did not have access to either COVID-19 or seasonal influenza vaccination data or both; in addition, some did not report their own staff category numbers
 - + In previous seasons, a complete survey return meant having a full compliment of eligible and seasonal influenza details, but this season's survey along with the increased level of participation by private RCFs in particular, has shown the impact of RCFs not having access to their own data

There are limitations in these data...

Reporting bias

RCFs that have access to IIS/COVAX
 dashboard/portal for vaccination details of their
 staff or that maintain their own staff vaccination
 records are more likely to submit a completed
 survey return.

3. Sources of Information-Limited access to IIS/COVAX portal or dashboard

 Covax was cited by 73 (25.4%) as a data source exclusively or in combination with others, suggesting that the remaining 214 had no access to the IIS/COVAX portal or dashboard or because the quality of their own staff vaccination rata sources was more accurate or that there was no other alternative available to them.

Note: IIS/COVAX= HSE Integrated Information Services (IIS) and COVAX Implementation system

2. Representation Bias

- There is evidence to suggest that participation in terms of their numbers by
 - elderly/older person RCFs was overrepresented
 - o disability RCFs was under-represented
 - by mental health services was represented accurately.
- According to the HSE service directory in April 2025, there were 21,515 active, services in the country, of which 2,623 has a maximum bed capacity greater than zero:
- o Of these 2,623 residential services
 - 537 (20.5%) were elderly/'older person' based
 - 1,250 were 'disability residential' (47.7%) (designated centres for adults, children and mix services)
 - 7 (0.3%) were 'disability' based only (adult day services)
 - o 41 (21.6%) were mental health based
 - o 801 (30.5%) were children care/Tulsa based



What can we interpret from the findings in this report about vaccination?

- Seasonal influenza vaccination
- The recent decline in the uptake of the seasonal influenza vaccine continues among RCF-based HCWs.
- This decline was widespread in that it occurred across all regions, all types of staff and all categories of staff compliment sizes.
- Only 3.9% of RCFs exceeded the national influenza vaccine uptake target of 75% in the most recent 2024-2025 survey
- One public RCF and no private RCF reported an uptake that was significantly above the overall mean percentage uptake.
- COVID-19 vaccination
- Overall, uptake was just over a third of that of seasonal influenza vaccine among HCWs.
- Even though both the COVID-19 and seasonal influenza vaccines were offered to HCWs, it appears that many chose not to avail of the COVID-19 vaccine, including those who opted to get the seasonal influenza vaccine.
- This low uptake was also observed among hospitalbased HCWs in the latest season too, see separate survey report on that.

The continuing seasonal downward trend in HCW influenza vaccine uptake is a serious concern

- + Between 2020-2021 and 2024-2025, uptake among public RCF-based HCWs fell from 66.3% to 32.8% (For private RCFs the decline was from 60.9% to 37.2%). This sharp reduction has occurred despite a number of HSE initiatives and the allocation of considerable resources designed to arrest and reverse this worrying trend including:
 - On-going development and expansion of the Integrated Information Service (IIS)/COVAX influenza vaccination record system
 - Review and updating of infectious disease infection and control guidelines
 - + Improvements in the monitoring and surveillance of cases and outbreaks, including biostatistical modelling
 - Concerted social media and communications campaigns to promote the protective health benefits of vaccines

Other on-going issues contributing to under-reporting of influenza vaccine uptake by HCW place of work

- + Local RCF managers using the COVAX system being unable to validate where staff were working and in what capacity (staff category) if their staff choose to get vaccinated elsewhere, in GP clinics or in pharmacies, for example.
- Local managers not having the means to query/correct inconsistencies and omissions on GP and pharmacy COVAX records.
- Training of vaccinators and administrators on the COVAX input systems being subject to significant turnover and a lack of consistency in relation to how HCW details are assigned to their correct place of work/vaccination and, to a lesser extent, their staff category type.
- + Unlike most hospitals that have their own occupational health departments who organise vaccination clinics for their staff, RCF managers rely far more on their access to COVAX for vaccination data and are less likely to be in a position to maintain their own staff records whose accuracy depends much on the willingness of staff to disclose their vaccination status.



What can we interpret from the findings in this report about vaccination?

- The continuing reduction in uptake of the seasonal influenza vaccine and the even lower uptake of the COVID-19 vaccine among RCF-based HCWs is disappointing despite the considerable resources and efforts that have been assigned to addressing the problem.
- The fact that RCFs face greater challenges in organising clinics for staff and gaining access to data on COVAX portal /dashboards probably accounts why uptake among RCF-based HCWs is lower compared to hospital-based ones.
- The likelihood that the key performance target of 75% for seasonal influenza vaccine uptake will be reached in the next few seasons is low without a concerted public health effort, significant input of additional resources, including financial, and a turnaround in vaccine hesitancy by HCWs generally.

Underlying factors that impact vaccine uptake

- + The declining uptake among HCWs in RCFs over the past four seasons can partly be attributed to a range of technical, administrative and behavioural factors (see also slide #29).
- + Bridging the gap between actual and reported uptake is an on-going technical challenge for any data collection process, but as long as it is undertaken consistently over time, the trends observed in this survey are probably genuine.

Local RCF operational activities

- + Most RCF based HCWs are vaccinated by HSE team clinics, or in their local GP clinic or pharmacy, so unless local management have access to the COVAX portal/dashboards and unless they maintain their own vaccination records, they have no means whatsoever of knowing or reporting on what their staff uptake is.
- + It is not clear why this is a particularly acute issue for many RCFs in relation to COVID-19 reporting.

Implications of low vaccine uptake among RCF-based HCWs

- + Although RCFs are not subject to the same level of winter related overcrowding as acute hospitals, unvaccinated RCF-based HCWs are nevertheless vulnerable to season influenza and COVID-19 infections, which can impact on the quality of care provided to residents during those months because of absent staff due to illness.
- + For the forthcoming 2025/2026 vaccination season, the National Immunisation Advisory Committee (NIAC), in May 2025, recommended that HCWs who are 'aged 60 years and above or those aged 18-59 years with medical conditions associated with a higher risk of COVID-19 hospitalisation, severe disease or death should continue to receive a COVID-19 vaccine once or twice each year as indicated by their underlying condition'.

Importance of HPSC vaccine uptake survey

 The survey itself fulfils a useful purpose as it provides a comprehensive profile of RCFbased HCW uptake that other reports do not provide



Recommendations

- A number of issues have been highlighted by RCF managers in relation to the accuracy with which uptake figures are collated for reporting
- Increasing RCF survey participation/reporting
- Role of Research help gain insights that can guide more effective public health strategies

Addressing data reporting/validation concerns

- + Need for data providers to access one single source of information, rather than a range of different data sources, in order to compile an accurate set of staff uptake figures that can then be reported.
- Need for agreement among data providers that denominator values (eligible staff counts) are taken from the same point in time, for example, either from the beginning of the winter vaccination campaign or at the end of it.
- Need for greater consistency with which HCW job titles are assigned by data providers to their correct HSE official category of staff
- Need to identify the reasons why some data providers are unable to report on COVID-19 vaccination uptake or why some were unable or unwilling to participate in the survey at all.
- Need for the IIS/COVAX portal/dashboards to capture different staff types details by all six official HSE categories, including 'other patent and client care, which is currently not the case.

Increasing RCF survey participation/reporting

- Compared to hospitals, RCFs face additional reporting challenges
 - + Smaller compliment sizes and higher turnover of staff
 - + Limited IT resources and less familiarity with online surveys etc
 - + Limited access to COVAX portal and vaccination dashboards
 - + Limited resources to build and maintain their own staff vaccination records
- Access to IIS/COVAX resources should be granted to all RCFs, including private ones, in relation to their staff influenza and COVID-19 vaccination uptake counts

Role of Research help gain insights that can guide more effective public health strategies

 There is a need for a more in-depth understanding of the personal, cultural, and contextual factors influencing HCWs' vaccination decisions and underlying barriers to vaccination



Promoting Vaccination Uptake among HCWs

- A multi-faceted and evidence-based approach to HCW vaccination promotion requires engagement, planning, and resources tailored locally to the needs of different professional groups in a variety of clinical settings.
- Details on nine key priority areas of focus were identified and kindly shared by the <u>National</u> <u>Immunisation Office</u> and are presented here.
- More details on these are available in a systematic review of strategies used to improve vaccine uptake among healthcare providers by R. de Koning et al. Vaccine: Volume 19, August 2024,100519.

https://doi.org/101016/j.jvacx.2024.100519

- Additional details are also included from a recent focus group analyses on improving influenza vaccine uptake among HCWs conducted by Melanie Barnes, Dr. Breda Cosgrove and colleagues in HSE Mid West Public Health.
- Please note: Some of these promotional approaches may already be implemented and should be continued or strengthened as appropriate. Other approaches may not be suitable or feasible for specific settings. All approaches, however, should be discussed and tailored to local needs.

+ Priority Area 1: Access solutions/Removing barriers

- Expanding local and on-site access in order to make it easier for staff to avail of vaccination services
 - + Mobile vaccination units
 - Externed period/hours of clinics including for those working shifts
 - + Start clinic early to facilitate night duty staff
 - + Extra clinics to facilitate shift worker days
 - + Consider mass vaccination days
- Bring vaccinations to staff in clearly defined locations such as
 - Delivering vaccines ward-to-ward via mobile trollies
 - Vaccinating at routine multidisciplinary meetings, during ward rounds, during outpatient clinics or other meetings
 - Vaccinating of staff in common areas and high-traffic areas for example, inside front door or outside canteen
 - + Integrating vaccination opportunities into handovers/shift changes

+ Priority Area 2: Leadership

- + Importance of visible leadership support
- Vaccine advocacy from leaders to improve vaccine uptake
- + Strengthening leadership by
 - Encouraging clinical leaders to lead and support vaccine promotion locally and nationally
 - Using appropriate staff channels to share photos/videos of leader vaccination
 - Ensuring leaders and managers at all levels support vaccination for staff
 - Promoting a vaccination culture so that vaccination becomes the workplace norm
 - + Putting in vaccine champions representing peer/professional groups
 - Activating peer networks to encourage peer leadership within different professional groups locally



Promoting Vaccination
Uptake among HCWs
(continued)

+ Priority Area 3: Reminders/Communications

- + Clear, accessible, consistent communication from trusted and reliable sources before the programme begins and early in the programme
- Promote positive vaccination messages emphasising the benefits of vaccination for HCWs personally as well as for others in their lives
- + Increase awareness by communication through multiple channels e.g. awareness campaigns, programme launches, promotional campaigns and educational campaigns using tools such as invitations, reminders, lectures, leaflets, posters, (infographics style with local statistical data posted in prominent staff areas), screensavers, pins, stickers, badges, newsletters etc.
- + Involve staff in campaign planning and promotion
- Consider specific local initiatives e.g., "Vaccine Day" and try to make initiatives fun and engaging
- Send vaccine invitations to HCWs via text messages
- + Consider sending opt-out appointments to HCWs and consider messaging such as "a vaccine has been reserved for you"
- Send regular reminders and consider target personalised reminders to HCWs by name/unit/department if possible

+ Priority Area 4: Fact –based educational initiatives

- + Materials such as posters, pamphlets
- Lessons delivered via communication channels and networks for specific types of HCWs such as work-based intranet alerts and infographics, staff meetings and webinars
- Ensuring that there is clear, consistent and accessible messaging that emphasises the benefits of vaccination for HCWs
- Increase awareness of the importance of vaccination for their own safety, their families and that of their patients
- + Promote role specific training on vaccination by explore CPD and allowances for vaccine education and training
- + Addressing vaccine safety concerns
 - Promoting trust in the policies and advice provided by HSE, Department of Health and the Health Products Regulatory Authority
 - + Emphasising COVID-19 vaccine efficacy and quality control
 - Combat misinformation by focussing the campaign messages on the benefits of vaccination and the risks of not getting vaccinated and minimising fears over vaccine side effects and the risk of illness



Promoting Vaccination
Uptake among HCWs
(continued)

Priority Area 5: Incentives for staff and workplaces and promoting competition

- Acknowledge that the evidence for incentives is mixed and incentives can be implemented as part of multifaceted approaches
- Facilitate greater collaboration between public health and occupational health departments in hospitals
- + Involve staff in local vaccination promotion and campaign planning
- + Acknowledge high-uptake units/wards and units with improvements
- + Emphasise that vaccination is free can be effective
- + Consider how to tailor interventions to specific setting consider local context
 - + Consider incentives such as free coffee, coffee cups, water bottles, coffee/lunch vouchers
 - Consider organising raffles and prizes for vaccinated staff once a target has been reached
 - Offer prizes with a preference for site-based draws and local prizes for team/departments/regions
 - Allocate budget towards giveaways rather than mass-distributed merchandise

+ Priority area 6: Policy implementation

- A focus on supportive workplace strategies that build and maintain trust is important
- Highlight the fact that vaccination for HCWs can be seen as a duty of care and a professional responsibility
- Consider making education and training mandatory for HCWs as that may be viewed as a more acceptable alternative and may be effective when combined with other interventions



Promoting Vaccination
Uptake among HCWs
(continued)

+ Priority Area 7: Quality improvement focus

- Promotes compliance and increase accountability
- + Frames vaccination as part of
 - + patient safety
 - + quality of care
- Encourages staff to report their vaccination status to management
- Have local and real time data on staff category vaccination status and provide feedback within settings/organisations

+ Priority Area 9: Multifaceted focus

- Vaccine acceptance may be multifaceted and therefore addressing the issue requires multilevel interventions
- Clear and consistent high-level evidence indicates that combination strategies involving multicomponent interventions are effective to improve HCW vaccine uptake

+ Priority area 8: A customised approach

- Acknowledge that HCWs fall into a wide range of staff categories (medical, nursing, social care professionals etc) and that a 'one size fits all' approach may not be effective
- Consider conducting local surveys of HCW attitudes and behaviours to inform how best to design tailor made approaches/strategies
- Consider the organisational context in which the programme is being implemented
- Target interventions to meet the characteristics and needs of the HCW population e.g., targeted communication and education and information materials
- Ensure that leaders promoting vaccination are from diverse professional groups



Appendix 1 List of participating RCFs in the 2024-2025 survey with details of their eligible and vaccinated staff numbers for both seasonal influenza and COVID-19

- Whilst all 287 reporting RCFs submitted online survey returns, a significant number were not in position to report vaccination data, see slide #2 for more details.
- An excel file listing of the participating RCFs in the 2024-2025 survey with details of the eligible and influenza (flu) and COVID-19 vaccinated staff by HSE category is available to download here.

HCWs Appendix 2: Improving Influenza vaccine uptake in

- A literature review by the National Immunisation Office has identified key priority areas of focus to inform the strengthening and the development of tailored multifaceted approaches to improve vaccine uptake in HCWs in the 2025/2026 winter season in Ireland
- Access, local leadership and building and maintaining trust is key
- There is a positive association between interventions and HCW vaccine uptake and most interventions increase vaccination rates particularly by combining interventions in different areas
- The key priority areas of focus to improve vaccine uptake should be:
 - Removing any and all <u>access barriers</u> to vaccination
 - Strengthening <u>visible clinical leadership</u>
 - Ensuring that there is clear, consistent and accessible messaging that emphasises the benefits of vaccination for HCWs
 - Offering personalised vaccine invitations and reminders for HCWs
- · Mandatory vaccination has been shown to be effective but it is controversial and can be met with opposition
- Mandatory education for HCWs may be a more acceptable alternative and may be effective combined with other interventions
 - A focus on supportive workplace strategies that build and maintain trust is important
- Multifaceted interventions to improve HCW vaccine uptake should be informed by the priority areas identified and tailored locally to the
 requirements of different professional groups in a variety of clinical settings
 - This will require engagement, planning, resources and local leadership



Acknowledgements

Thanks to all LTCFs/RCFs that provided information for this report. All gratefully received. A special thanks to Dr. Louise Marron in the National Immunisation Office on her input on suggested priority areas of focus to improve HCW vaccine uptake.

Further information available on HPSC website:

<u>Link here to survey reports on seasonal influenza and COVID-19 vaccine uptake in healthcare workers and residents of long-</u> term care residential facilities





Supplementary Materials Part 1 of 6



Seasonal Influenza vaccine uptake among public and private RCF-based HCWs by region

Supplementary Table 1a. Eligible and vaccinated public RCF-based HCWs for the seasonal influenza vaccine by staff type and region, 2024-2025 season

			T.1.1	Eligible	Vaccinated	_	Vaccinated		Vaccinated			_	Vaccinated		Vaccinated Other
HSE Regional Health Area- Location	No. LTCFs	Total Eligible	Total Vaccinated	Management & Administration					Health & SocialCare		Vaccinated Nursing			Patient & ClientCare	Patient & ClientCare
HSE Dublin and Midlands	8	1125	367	73	26	40	18	57	11	545	157	218	72	192	83
HSE Dublin and North East	16	827	305	46	17	14	8	105	35	268	97	228	82	166	66
HSE Dublin and South East	53	2353	737	111	44	77	26	272	89	997	309	532	161	364	108
HSE Midwest	4	354	206	21	10	11	11	4	1	114	54	87	49	117	81
HSE South West	11	559	221	43	22	3	2	41	12	220	89	131	46	121	50
HSE West and North West	36	2105	566	130	59	15	3	224	46	724	208	362	75	650	175
Total-public	128	7323	2402	424	178	160	68	703	194	2868	914	1558	485	1610	563

Supplementary Table 1b. Eligible and vaccinated private RCF-based HCWs for the seasonal influenza vaccine by staff type and region, 2024-2025 season

HSE Regional Health Area-	No.	Total	Total		Vaccinated Management &	Medical &		Health &	Vaccinate d Health &	Eligible		General		Patient &	Vaccinate d Other Patient &
Location Miller de	LTCFs	Eligible	Vaccinated	:	Administration		:	:	:					:	ClientCare
HSE Dublin and Midlands	20	4244	1589	409	194	247	70	722	306	1227	457	542	170	1097	392
HSE Dublin and North East	13	725	337	47	27	1	1	117	38	220	92	139	47	201	132
HSE Dublin and South East	28	2346	829	757	104	14	7	347	128	381	167	289	115	558	308
HSE Midwest	9	1053	276	53	31	0	0	161	66	159	53	183	34	497	92
HSE South West	28	1904	787	228	109	23	14	323	84	403	172	444	171	483	237
HSE West and North West	5	279	109	27	15	0	0	93	24	47	21	27	6	85	43
Total-private	103	10551	3927	1521	480	285	92	1763	646	2437	962	1624	543	2921	1204

Note: See slide #2 for details of the participating survey number of RCFs that did and did not report influenza vaccination data





COVID-19 vaccine uptake among public and private RCF-HCWs by region

Supplementary Table 2a. Eligible and vaccinated public RCF-based HCWs for the COVID-19 vaccine by staff type and region, 2024-2025 season

HSE Regional Health Area- Location	No. LTCFs	Total Eligible	Total Vaccinated	_	Vaccinated Management & Administration	Medical &		Health &	Vaccinate d Health & Social Care			General		Patient &	Vaccinate d Other Patient & ClientCare
HSE Dublin and Midlands	10	1122	148	99	39	42	8	65	6	538	41	208	26	170	28
HSE Dublin and North East	11	438	83	33	16	6	2	67	16	150	32	113	15	69	2
HSE Dublin and South East	36	1871	157	94	12	27	2	226	31	765	54	448	48	311	10
HSE Midwest	2	212	82	3	2	8	4	0	0	66	16	71	1	64	59
HSE South West	9	482	92	35	10	3	2	33	1	180	32	114	25	117	22
HSE West and North West	29	1829	171	112	22	8	0	220	21	600	54	310	29	579	45
Total-public	97	5954	733	376	101	94	18	611	75	2299	229	1264	144	1310	166

Supplementary Table 2b. Eligible and vaccinated private RCF—based HCWs for the COVID-19 vaccine by staff type and region, 2024-2025 season

HSE Regional Health Area- Location	No. LTCFs	Total Eligible	Total Vaccinated	· ·	Vaccinated Management & Administration	Medical &		Health &	Vaccinate d Health & SocialCare	_		General		Patient &	Vaccinate d Other Patient & ClientCare
HSE Dublin and Midlands	16	1968	378	171	36	30	2	341	95	547	57	305	44	574	144
HSE Dublin and North East	12	597	215	44	17	1	1	117	30	99	31	138	35	198	101
HSE Dublin and South East	26	2259	497	749	55	14	4	337	53	369	73	261	32	529	280
HSE Midwest	7	559	168	32	12	0	0	124	44	103	31	111	21	189	60
HSE South West	22	1384	342	152	45	4	1	272	54	266	54	362	38	328	150
HSE West and North West	4	231	46	24	7	0	0	70	1	36	5	26	1	75	32
Total-private	87	6998	1646	1172	172	49	8	1261	277	1420	251	1203	171	1893	767

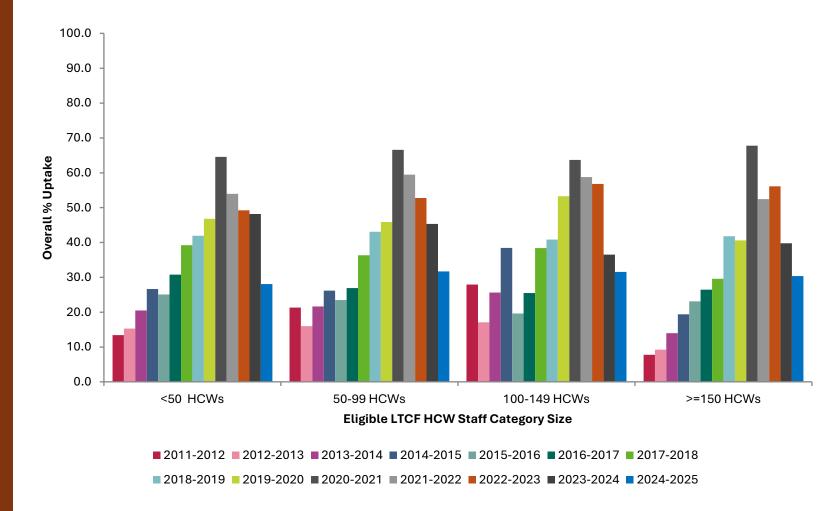
Note: See slide #2 for details of the participating survey number of RCFs that did and did not report COVID-19 vaccination data





Seasonal influenza vaccine uptake by staff compliment size in public RCFs-Seasonal Trends

 No obvious difference in seasonal influenza vaccine uptake between the different categories of staff compliment sizes in public RCFs is discernible over the course of the seasons since 2011-2012 (Supplementary Figure 1). Supplementary Figure 1. Percentage uptake of seasonal influenza vaccine among HCWs in public RCFs by staff compliment size and season, 2011-2012 to 2024-2025

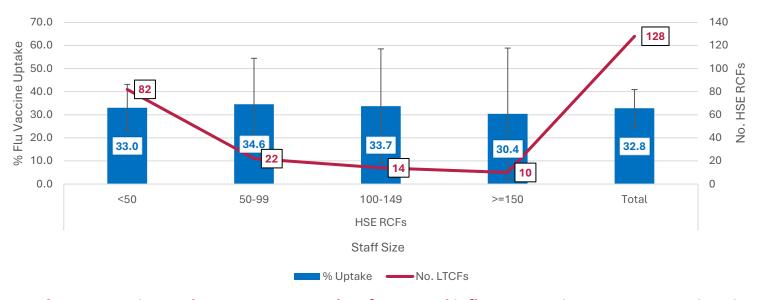




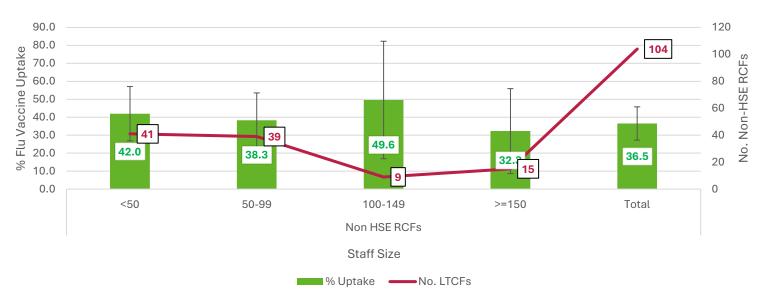
Seasonal influenza vaccine uptake by staff compliment size in RCFs

• In 2024-2025, seasonal influenza vaccine uptake was lowest in the >150 staff size category compared to all the others (<50, 50-99 and 100-149) in both public and private RCFs (Supplementary Figures 2a,2b), but this difference was not statistically significant.

Supplementary Figure 2a. Percentage uptake of seasonal influenza vaccine among HCWs in public RCFs by staff compliment size, 2024-2025



Supplementary Figure 2b. Percentage uptake of seasonal influenza vaccine among HCWs in private RCFs by staff compliment size, 2024-2025





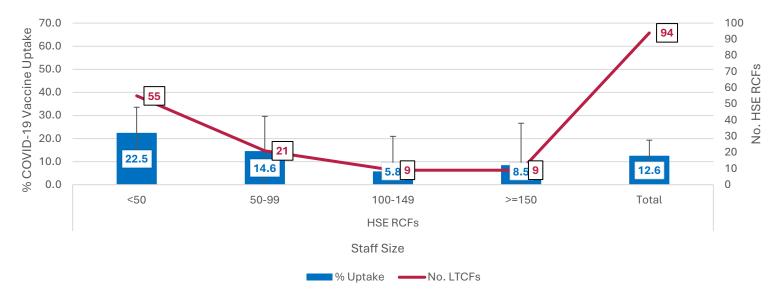
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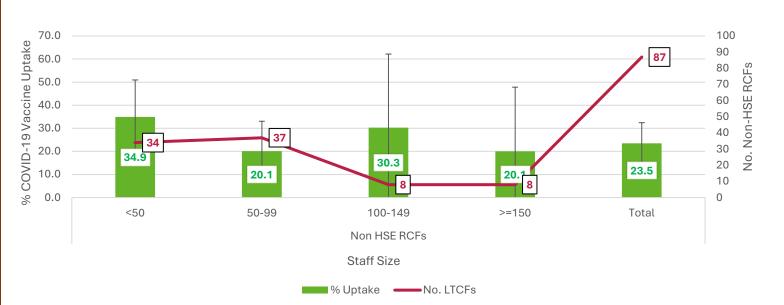
COVID-19 vaccine uptake by staff compliment size in RCFs

• In 2024-2025, COVID-19 vaccine uptake was lowest in the 100-149 staff size category compared to all the others (<50, 50-99 and 150+) in public RCFs (Supplementary Figures 3a, 3b), but this difference was not statistically significant.

Supplementary Figure 3a Percentage uptake of seasonal influenza vaccine among HCWs in public RCFs by staff compliment size, 2024-2025



Supplementary Figure 3b Percentage uptake of seasonal influenza vaccine among HCWs in private RCFs by staff compliment size, 2024-2025







Explanatory notes about P prime funnel charts on slides #14,15, 21, 22

- Eligible RCF staff denominator data used in this graph have been sorted from smallest to highest
- Funnel plots are a form of scatter plot in which observed area rates are
 plotted against area populations. Control limits are then overlaid on
 the scatter plot. The control limits represent the expected variation in
 rates assuming that the only source of variation is stochastic (i.e.
 having a random probability distribution or pattern that may be
 analysed statistically, but may not be predicted precisely).
- A p chart is an attributes control chart used with data collected in subgroups of varying sizes such as counties with different population densities.
- A p prime chart is an alternative to the standard P chart when the denominators are large and when there is over or under dispersion in the data.
- A p prime funnel chart is a variation of the p prime chart.
- For more information on SPC charts and funnel plots, please refer to the Quality and Patient Safety Data for Decision Making Toolkit, available here:

https://www.lenus.ie/bitstream/handle/10147/635034/Quality%20an d%20Patient%20Safety%20Data%20for%20Decision%20Making%20T oolkit.pdf?sequence=10&isAllowed=y.