

**Report on the Uptake of the Influenza Vaccine for Health
Care Workers (HCWs) and Residents in Long-
Term/Residential Care Facilities (LTCFs/RCFs)
2022-2023 Season**

August/2023

Report prepared by the HPSC

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Summary Findings

This report presents data available from three different surveys administered to hospitals and long-term/residential care facilities during the 2022-2023 influenza season.

HPSC-Survey-Hospital-based HCW Uptake

- Overall uptake among the 49 participating hospitals (three of which were non-HSE/private) was 54.2%, highest in the South/South West (UCC) hospital group at 61.0% and lowest in the West/North West (Saolta UHG; NUIG) hospital group at 38.2%.
- Uptake was highest among medical & dental staff (69.0%) and lowest among management and administration (48.1%).
- Highest uptake was recorded by University Hospital Waterford (89.8%) and lowest in Mayo University Hospital (24.4%).
- St. James's Hospital, Dublin had the largest number of vaccinated staff at 3,045 out of a total complement of 5,646 HCWs (53.9% uptake) with the lowest number recorded by Kilcreene Orthopaedic Hospital, Kilkenny (n=31/82; 37.8%).
- Among hospitals with staff complements of <1000, uptake was highest among two Dublin Midlands (TCD) hospitals (61.2%) and lowest in two Dublin North East (RCSI) hospitals at 42.2%. Where staff complements were 1000+, uptake was highest among five South/South West (UCC) hospitals (63.3%) and lowest among four West/North West (Saolta; NUIG) hospitals at 37.6%.
- Uptake returns from five HSE hospitals (including the Children's Health Ireland, Crumlin Unit at Tallaght Hospital) were not available for this survey.

HPSC-Survey-LTCF-based HCW Uptake

- In total, 219 LTCFs participated in the survey; 171 HSE and 48 non-HSE/private-run facilities (ratio 1:0.28). Overall uptake was 48.9%.
- Uptake among those 171 managed/staffed/funded by the HSE was 53.5%; among the 48 non-HSE/private-run entities uptake was 41.6%.
- Among HSE facilities, uptake was highest in Regional health Area-E (RHA-E¹) (77.1%) and lowest in RHA-F (44.5%). Among non-HSE/private-run facilities, uptake was highest in RHA-B (58.9%) and lowest in RHA-C (37.9%); there were no returns for RHA-F.
- In HSE-funded LTCFs, uptake was highest among management and administration (65.0%) and lowest among other patient and client care staff (51.4%). In non-HSE/private-run LTCFs uptake was highest among medical and dental staff (67.9%) and lowest among health and social care professionals (30.0%).
- Among HSE LTCFs with staff complements of <50, uptake was highest in 14 LTCFs in RHA-E (66.2%) and lowest in four LTCFs in RHA-B (29.8%). Where staff complements were 50+, uptake was highest among four LTCFs in RHA-E (83.0%) and lowest among 12 LTCFs in RHA-F (45.6%).
- Among non-HSE/private-run LTCFs with staff complements of <50, uptake was highest among two LTCFs in RHA-D (67.7%) and lowest among two LTCFs in RHA-B (21.4%). Where staff complements were 50+, uptake was highest among three LTCFs in RHA-B (64.7%) and lowest among 12 LTCFs in RHA-C (36.7%).

¹ Details of each of the six HSE Regional Health Organisations are listed at the end of this report

HPSC-Point Prevalence Survey (PPS) of LTCF-based Residents

- In total, 176 LTCFs participated in the PPS relating to uptake among residents; 109 HSE and 67 non-HSE/private-run facilities (ratio 1:0.61).
- Overall uptake among the HSE facilities was 91.3% (n=2227/2440) among long-term residents and 73.8% (n=192/260) among respite residents. In the non-HSE/private-run LTCFs, uptake was also generally very high and broadly similar between long-term (95.8%) and respite residents (67.3%).
- Across all six RHAs and among both HSE and non-HSE/private-run facilities, uptake among long-term residents was very high with the minimum uptake recorded being 80.2% in RHA-B among HSE facilities.
- Uptake among respite residents varied considerably by RHA; in HSE facilities (range 65.9% [RHA-F] to 100% [RHA-A & E]); in non-HSE/private-run facilities (range 43.8% [RHA-E] to 100% [RHA-C & F]).
- In comparison to the long-term residents of LTCFs, relatively small numbers of respite residents were vaccinated (n=192-HSE, 35-non-HSE/private-run).
- Overall uptake among respite residents was higher in HSE facilities (73.8%) compared to non-HSE/private-run facilities (67.3%).
- For long-term residents, uptake by size (0-9, 10-49, 50+) was consistently high in both HSE facilities (86.7% to 93.2%) and in non-HSE/private-run facilities (95.2% to 100.0%)

Table A Comparison of Influenza Vaccine Uptake Among HCWs and Residents in hospitals and Long-term/Residential Care Facilities between seasons 2021-2022 and 2022-2023

Target Group	HSE excl private /All	2022-2023 Season				2021-2022 Season				Change in %Uptake Between 2021-2022 and 2022-2023 Seasons
		No. Participating Healthcare Facilities	No. Eligible	No. Vaccinated	% Uptake	No. Participating Healthcare Facilities	No. Eligible	No. Vaccinated	% Uptake	
Hospital HCWs	HSE excl private	46	72512	39477	54.4	44	65947	42541	64.5	-10.1
	All	49	75812	41053	54.2	47	69157	44295	64.0	-9.9
LTCF-HCWs	HSE excl private	171	9134	4888	53.5	214	14390	7948	55.2	-1.7
	All	219	14791	7240	48.9	293	21665	11954	55.2	-6.2
LTCF-Long-term Residents	HSE excl private	106*	2440	2227	91.3	84*	2105	2008	95.4	-4.1
	All	173*	5444	5105	93.8	160*	5030	4677	93.0	0.8
LTCF-Respite Residents	HSE excl private	33*	260	192	73.8	21*	122	96	78.7	-4.8
	All	48*	312	227	72.8	44*	279	231	82.8	-10.0

*Counts excludes those few LTCFs that had no long-term residents and/or respite residents under their care at time of reporting

Introduction

This HSE-HPSC report on the uptake of the influenza vaccine for the current season 2022-2023 presents results based on a number of data sources, focussing on data obtained from both hospitals and long-term/residential care facilities (LTCFs or RCFs). These capture uptake in health care workers (HCWs) based in acute hospitals and also among HCWs and residents in LTCFs.

The data presented in this report are for the influenza season 2022-2023. Nationally, the HSE target uptake of 75% remained unchanged from the previous season.

Methodology

Three surveys were conducted, two were targeted at HCWs in different settings, one for acute hospitals and the other for LTCFs, undertaken on 7th November 2022 for provisional results and repeated again on 27th February 2023 for final returns. A third survey, a point prevalence survey, was targeted at LTCFs to report on the uptake among their residents (carried out between 12th and 16th December 2022). All three surveys were conducted using the online qualtrics.com platform.

Links to the surveys were cascaded by email to known healthcare facilities for which HPSC had contact details, and also through flu leads and managers based in hospitals groups, hospitals, community health organisations and long-term/residential care facilities. Reminders were also issued where necessary.

Results

HSE-HPSC Qualtrics Surveys

Hospital-based HCW Uptake

A total of 49 hospitals participated in the survey to give an overall uptake of 54.2% and 46 out of 51 (90.2%) HSE/public hospitals had an overall uptake of 54.4%. Five HSE hospitals could not provide a full set of returns. One was Connolly Hospital Blanchardstown in the Dublin North East (RCSI) hospital group. Another was Portiuncula University Hospital in the West/North West (Saolta) hospital group. The remaining three hospitals belong to the Children's Health Ireland hospital group (Children's Health Ireland at Crumlin, Children's Health Ireland (Tallaght University Hospital Unit) and Children's Health Ireland at Temple Street, Dublin).

Three non-HSE/private hospitals also participated in the survey (uptake of 47.8%).

The highest uptake reported by the South/South West (UCC) hospital group (61.0%) and the lowest by the West/North West (Saolta) hospital group (38.2%); there was no statistical difference between uptake by group and the national figure (Figure 1). Among staff categories, uptake was highest among medical & dental staff (69.0%) and lowest among management & administration staff (48.1%) (public hospitals only). (Table 1b).

Table 1a Hospital-based Influenza Eligible and Vaccinated HCW Counts by Hospital Group and Staff Category for the 2022-2023 Season, n=49 hospitals, including 3 non-HSE/private

Hospital Group	No. Hospitals	Total Eligible	Total Vaccinated	Eligible Management & Administration	Vaccinated Management & Administration	Eligible Medical & Dental	Vaccinated Medical & Dental	Eligible Health & Social Care	Vaccinated Health & Social Care	Eligible Nursing	Vaccinated Nursing	Eligible General Support	Vaccinated General Support	Eligible Other Patient & Client Care	Vaccinated Other Patient & Client Care
Children's Health Ireland*	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dublin Midlands (TCD)	7	14281	8219	2052	1057	1799	1386	5587	2913	2046	1205	1596	747	1201	911
Dublin North East (RCSI)**	6	10337	5976	1552	780	1481	942	4039	2483	1237	755	971	496	1057	520
Ireland East (UCD)***	12	16661	8898	2447	1274	2509	1530	6229	3063	2095	1468	1591	627	1790	936
UL Hospitals Group (UL)	6	5751	3440	900	531	720	634	2314	1154	519	403	465	258	833	460
South/South West (UCC)	10	14100	8598	1986	1000	1921	1529	5707	3437	1871	1019	914	666	1701	947
West/North West (Saolta)	5	11382	4346	1662	455	1615	909	4630	1584	1365	499	1080	470	1030	429
Private	3	3300	1576	477	314	220	136	1303	575	520	253	305	119	475	179
Total excl private/public only	46	72512	39477	10599	5097	10045	6930	28506	14634	9133	5349	6617	3264	7612	4203
Total incl private/all	49	75812	41053	11076	5411	10265	7066	29809	15209	9653	5602	6922	3383	8087	4382
Ireland East (UCD), excl NRH, Dún Laoghaire	11	15970	8443	2357	1205	2478	1504	6048	2944	1902	1325	1481	578	1704	887
Other (NRH, Dún Laoghaire)	1	691	455	90	69	31	26	181	119	193	143	110	49	86	49

*No returns submitted by the Children's Health Ireland hospital group; ** No return for Connolly Hospital Blanchardstown in Dublin North East Hospital Group (RCSI); *** No return for the Portiuncula University Hospital in the West/North West (Saolta) hospital group; NRH, Dun Laoghaire – National Rehabilitation Hospital, Dún Laoghaire reported under 'other' in previous seasons, but since 2022 has been part of the Ireland East (UCD) hospital group

The highest uptake was recorded by University Hospital Waterford (89.8%) and lowest in Kilcreene Orthopaedic Hospital, Kilkenny (37.8%). St. James's Hospital, Dublin had the largest number of vaccinated staff (n=3,045/5,646 HCWs; 53.59% uptake) with the lowest number recorded by Kilcreene Orthopaedic Hospital, Kilkenny (n=31/82; 37.8%) (Table 1c).

Table 1b Hospital-based Influenza vaccine HCW Uptake by Hospital Group and Staff Category for the 2022-2023 Season, n=49 Hospitals, including 3 non-HSE/private

Hospital Group	% Total Uptake	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Health & Social Care	% Uptake Nursing	% Uptake General Support	% Uptake Other Patient Client Care
Children's Health Ireland*	-	-	-	-	-	-	-
Dublin Midlands (TCD)	57.6	51.5	77.0	58.9	52.1	75.9	46.8
Dublin North East (RCSI)**	57.8	50.3	63.6	61.0	61.5	49.2	51.1
Ireland East (UCD)***	53.4	52.1	61.0	70.1	49.2	52.3	39.4
UL Hospitals Group (UL)	59.8	59.0	88.1	77.6	49.9	55.2	55.5
South/South West (UCC)	61.0	50.4	79.6	54.5	60.2	55.7	72.9
West/North West (Saolta)	38.2	27.4	56.3	36.6	34.2	41.7	43.5
Private	47.8	65.8	61.8	48.7	44.1	37.7	39.0
Total excl private/public only	54.4	48.1	69.0	58.6	51.3	55.2	49.3
Total incl private/all	54.2	48.9	68.8	58.0	51.0	54.2	48.9
Ireland East (UCD), excl NRH, Dún Laoghaire	52.9	51.1	60.7	69.7	48.7	52.1	39.0
Other (NRH, Dún Laoghaire)	65.8	76.7	83.9	74.1	65.7	57.0	44.5

*No returns submitted by the Children's Health Ireland hospital group; ** No return for Connolly Hospital Blanchardstown in Dublin North East Hospital Group (RCSI); *** No return for the Portiuncula University Hospital in the West/North West (Saolta) hospital group; NRH, Dun Laoghaire – National Rehabilitation Hospital, Dún Laoghaire reported under 'other' in previous seasons, but since 2022 has been part of the Ireland East (UCD) hospital group

Table 1c Hospital-based HCW Influenza vaccine Uptake by Hospital for the 2022-2023 Season, n=49 Hospitals, including 3 non-HSE/private

Hospital Group	Hospital	Total Eligible	Total Vaccinated	% Uptake
Children's Health Ireland*	Children's Health Ireland at Temple Street Dublin	-	-	-
	Children's Health Ireland at Crumlin	-	-	-
	Children's Health Ireland at Crumlin Unit in Tallaght Hospital	-	-	-
Children's Health Ireland Total		-	-	
Dublin Midlands (TCD)	Coombe Women & Infants University Hospital, Dublin	974	646	66.3
	Midland Regional Hospital Portlaoise	1082	563	52.0
	Midland Regional Hospital Tullamore	1263	562	44.5
	Naas General Hospital	1040	630	60.6
	St. James's Hospital, Dublin	5646	3045	53.9
	St. Luke's Hospital, Rathgar, Dublin	566	296	52.3
	Tallaght University Hospital	3710	2477	66.8
Dublin Midlands (TCD) Total		14281	8219	57.6
Dublin North East (RCSI)	Beaumont Hospital	4341	2558	58.9
	Cavan General Hospital	1445	492	34.0
	Connolly Hospital Blanchardstown	-	-	-
	Louth County Hospital, Dundalk	361	142	39.3
	Monaghan General Hospital	187	89	47.6
	Our Lady of Lourdes Hospital, Drogheda	2725	2080	76.3
	Rotunda Hospital Dublin	1278	615	48.1
Dublin North East (RCSI) Total**		10337	5976	57.8
Ireland East (UCD)	Cappagh National Orthopaedic Hospital, Dublin	493	342	69.4
	Mater Misericordiae University Hospital, Dublin	4411	2367	53.7
	Midland Regional Hospital Mullingar	1187	527	44.4
	National Maternity Hospital, Holles Street	1056	601	56.9
	Our Lady's Hospital, Navan	782	389	49.7
	Royal Victoria Eye & Ear Hospital, Dublin	393	192	48.9
	St. Columcille's Hospital, Loughlinstown	537	266	49.5
	St. Luke's General Hospital, Kilkenny	1326	933	70.4
	St. Michael's Hospital, Dun Laoghaire	488	314	64.3
	St. Vincent's University Hospital	4151	1662	40.0
	Wexford General Hospital	1146	850	74.2
	National Rehabilitation Hospital, Dún Laoghaire, Co. Dublin****	691	455	65.8
Ireland East (UCD) Total incl NRH Dun Laoghaire		16661	8898	53.4

Table 1c Hospital-based HCW Influenza vaccine Uptake by Hospital for the 2022-2023 Season, n=49 Hospitals, including 3 non-HSE/private (continued)

Hospital Group	Hospital	Total Eligible	Total Vaccinated	% Uptake
Midwest (UL)	Nenagh Hospital	329	181	55.0
	Ennis Hospital	291	191	65.6
	St. John's Hospital, Limerick	371	192	51.8
	Croom Orthopaedic Hospital	335	166	49.6
	University Maternity Hospital Limerick	437	286	65.4
	University Hospital Limerick	3988	2424	60.8
Midwest (UL) Total		5751	3440	59.8
South/South West (UCC)	Bantry General Hospital	371	157	42.3
	Kilcreene Orthopaedic Hospital, Kilkenny	82	31	37.8
	Mallow General Hospital	315	209	66.3
	Mercy University Hospital, Cork	1565	890	56.9
	South Infirmary - Victoria University Hospital, Cork	994	484	48.7
	South Tipperary General Hospital, Clonmel	1184	716	60.5
	University Hospital Kerry	1569	580	37.0
	University Hospital Waterford	2619	2353	89.8
	Cork University Hospital (excluding maternity)	4669	2812	60.2
	Cork University Hospital Maternity (CUHM)	732	366	50.0
South/South West (UCC) Total		14100	8598	61.0
West/North West (Saolta; NUIG)	Galway University Hospitals	4744	2122	44.7
	Letterkenny University Hospital	2422	737	30.4
	Mayo /University Hospital	1597	390	24.4
	Portiuncula University Hospital	-	-	-
	Roscommon University Hospital	486	250	51.4
	Sligo University Hospital	2133	847	39.7
West/North West (Saolta; NUIG) Total***		11382	4346	38.2
Non-HSE/Private	St. Vincent's Private Hospital	1213	532	43.9
	Bon Secours Hospital, Cork	1458	732	50.2
	Bon Secours Hospital, Tralee	629	312	49.6
Non-HSE/Private Total		3300	1576	47.8
Total excl private		72512	39477	54.4
Total incl private		75812	41053	54.2

*No returns submitted by the Children's Health Ireland hospital group; ** No return for Connolly Hospital Blanchardstown in Dublin North East Hospital Group (RCSI); *** No return for the Portiuncula University Hospital in the West/North West (Saolta) hospital group; **** National Rehabilitation Hospital, Dún Laoghaire reported under 'other in previous seasons', but since 2022 has been part of the Ireland East (UCD) hospital group

See Appendix 1 for a breakdown of hospital-HCW uptake by staff of category (See separate excel file with this report).

Among hospitals with staff complements of <1000, uptake was highest among two Dublin Midlands (TCD) hospitals (61.2%) and lowest in two Dublin North East (RCSI) hospitals at 42.2%. Where staff complements were 1000+, uptake was highest among five South/South West (UCC) hospitals (63.3%) and lowest among four West/North West (Saolta; NUIG) hospitals at 37.6%. (Figure 2).

Figure 1.1 Percentage uptake of hospital-based HCWs by hospital group, 2022-2023 Season, n=49 hospitals, including 3 non-HSE/private

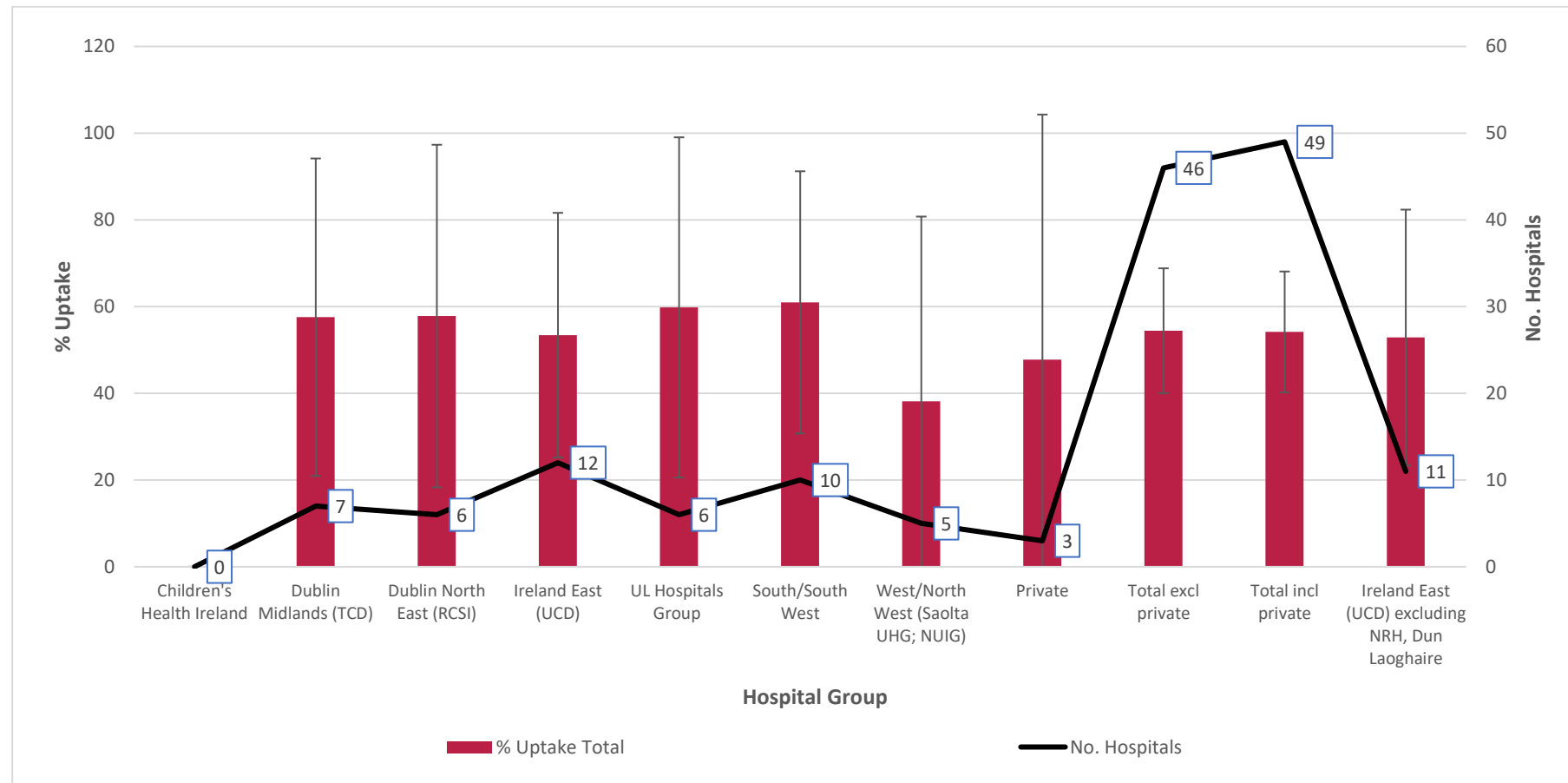


Figure 1.2 Percentage uptake of hospital-based HCWs by hospital group and staff category, 2022-2023 Season, n=49 hospitals, including 3 non-HSE/private

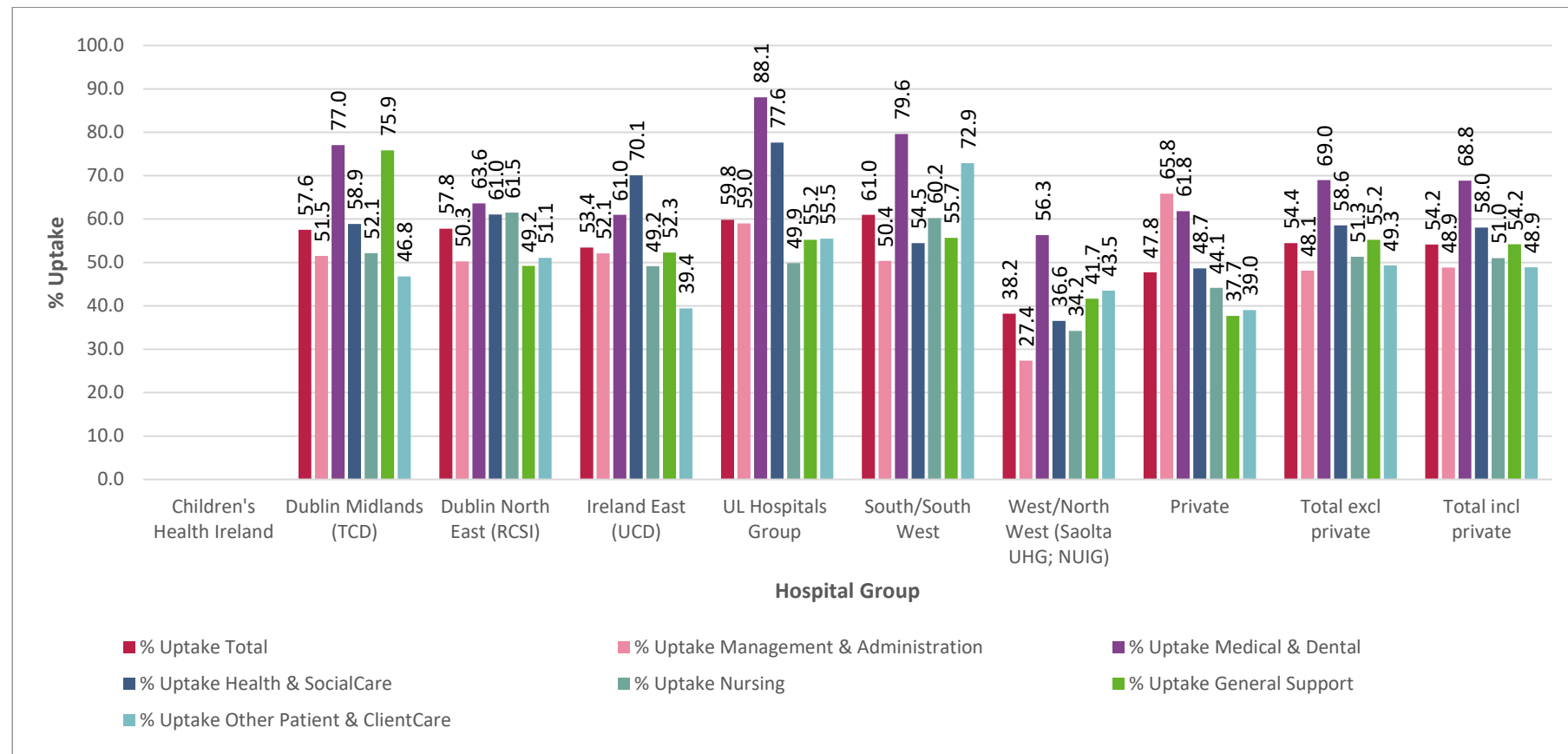
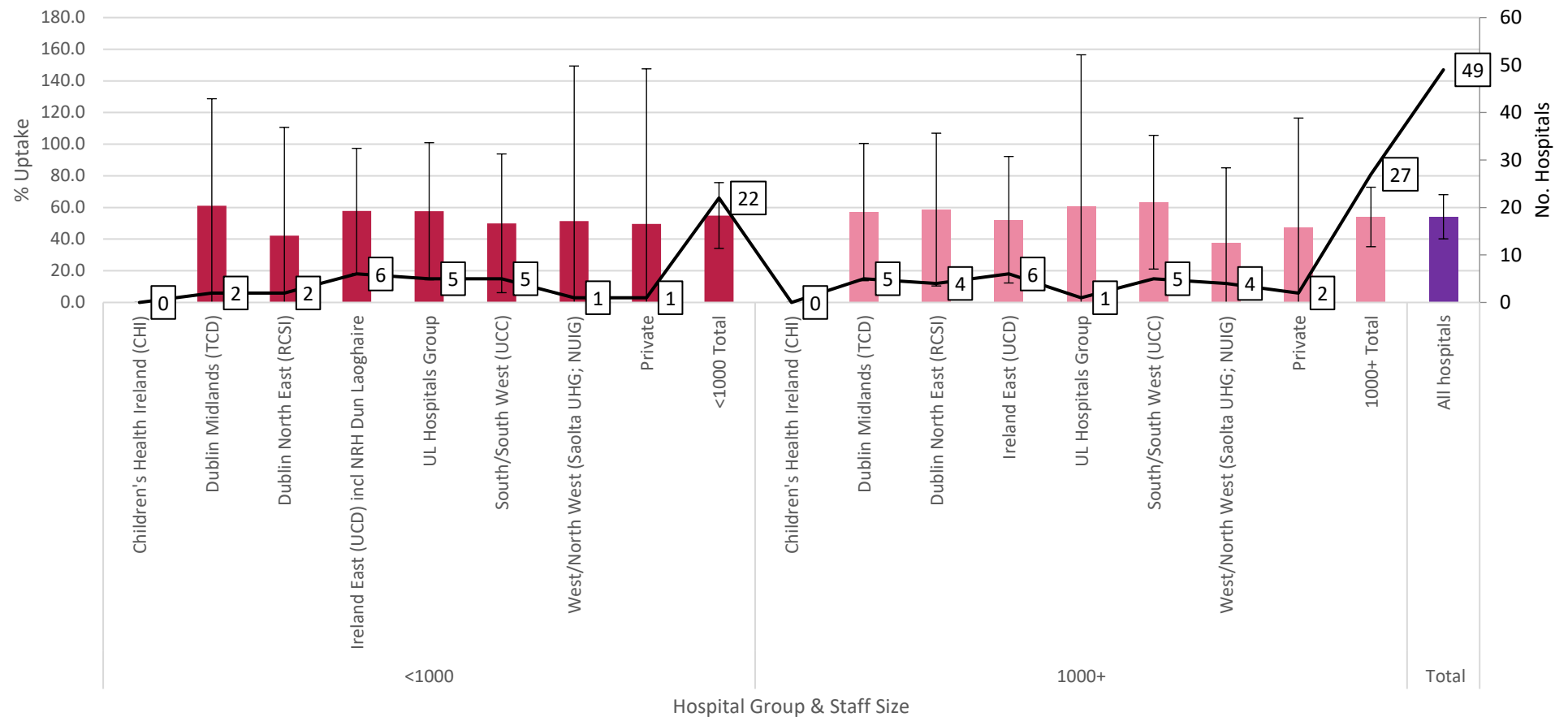


Figure 2 Percentage uptake of hospital-based HCWs by hospital group and staff size (<1000, 1000+ HCWs), 2022-2023 Season, n=49 hospitals, including 3 non-HSE/private



Among the sources of information on eligible staffing numbers accessed by data providers, 47 of the 49 participating hospitals provided known details: 42.9% (n=21) cited the hospital HR office only while another 26.5% (n=13) accessed both the hospital and hospital group human resources offices for the information (Table 1d).

Table 1d Sources of information on eligible staffing numbers cited by hospital-based data providers, 2022-2023 Season, n=49 Hospitals

Source of information on eligible staffing numbers	No. participating Hospitals	% Total
Hospital HR office only	21	42.9
Hospital and Hospital group HR office	13	26.5
Hospital group HR office only	8	16.3
National and Hospital HR offices	1	2.0
Hospital HR office & Other	1	2.0
Other	3	6.1
Unsure	2	4.1
Total	49	100.0

Among the sources of information on vaccinated staffing numbers by data providers, again 47 of the 49 participating hospitals provided known details: 28.6% (n=14) accessed both COVAX/IIS system Excel reports and local hospital records while another 22.4% (n=11) accessed the COVAX/IIS dashboard only (Table 1e).

Table 1e Sources of information on vaccinated staffing numbers cited by hospital-based data providers, 2022-2023 Season, n=49 Hospitals

Source of information on vaccinated staffing numbers	No. participating Hospitals	% Total
COVAX/IIS system Excel reports and Local hospital records	14	28.6
COVAX/IIS dashboard only	11	22.4
Local hospital records only	4	8.2
COVAX/IIS dashboard and Local hospital records	2	4.1
COVAX/IIS system Excel reports only	2	4.1
COVAX/IIS system Excel reports and COVAX/IIS dashboard	2	4.1
COVAX/IIS system Excel reports COVAX/IIS dashboard and Self-reporting by HCWs	2	4.1
COVAX/IIS system Excel reports, Local hospital records and Self-reporting by HCWs	2	4.1
Local hospital records and Self-reporting by HCWs	2	4.1
COVAX/IIS dashboard, Local hospital records and Self-reporting by HCWs	1	2.0
COVAX/IIS dashboard and Other	1	2.0
COVAX/IIS system Excel reports, COVAX/IIS dashboard, Local hospital records and Self-reporting by HCWs	1	2.0
COVAX/IIS system Excel reports, COVAX/IIS dashboard and Other	1	2.0
COVAX/IIS system Excel reports, Self-reporting by HCWs	1	2.0
Self-reporting by HCWs and Other	1	2.0
Unsure	2	4.1
Total	49	100.0

LTCF-based HCW Uptake

In total, 219 LTCFs participated in the survey; 171 HSE and 48 non-HSE/private-run facilities (ratio 1:0.28). Among HCWs based in residential facilities, uptake among those 171 managed/staffed/funded by the HSE, was 53.5%, and was substantially more than that among the 48 non-HSE/private-run entities (41.6%) (Tables 2b and 2d). Among HSE facilities, uptake was highest in Regional Health Area-E (RHA-E) (77.1%) and lowest in RHA-F (44.5%) (Table 2b); among non-HSE/private-run facilities, uptake was highest in RHA-B (58.9%) and lowest in RHA-C (37.9%) (Table 2d). In HSE-funded LTCFs, uptake was highest among management and administration (65.0%) and in non-HSE/private-run LTCFs it was medical and dental staff (67.9%). Uptake was lowest among other patient and client care staff (51.4%) in HSE-funded LTCFs and among health and social care professionals (30.0%) in non-HSE/private-run LTCFs.

Note: Details of Eligible and Vaccinated HCW counts by the nine Community Health Organisations are provided in the appendices at the end of this report.

Table 2a LTCF-based HCW Influenza Eligible and Vaccinated HCW Counts by *Regional Health Area* and Staff Category (**HSE only**) for the 2022-2023 Season, n=171 LTCFs

Regional Health Area	No. LTCFs	Total Eligible	Total Vaccinated	Eligible Management & Administration	Vaccinated Management & Administration	Eligible Medical & Dental	Vaccinated Medical & Dental	Eligible Nursing	Vaccinated Nursing	Eligible Health & SocialCare	Vaccinated Health & SocialCare	Eligible Other Patient & ClientCare	Vaccinated Other Patient & ClientCare	Eligible General Support	Vaccinated General Support
A	21	1867	905	94	64	32	29	657	322	246	122	422	205	416	163
B	10	805	418	45	31	7	4	265	142	50	15	234	114	204	112
C	72	2646	1400	144	96	72	41	1208	582	104	48	361	234	757	399
D	13	877	517	45	33	21	21	274	177	56	25	170	94	311	167
E	18	1040	802	79	56	15	10	479	359	60	55	230	160	177	162
F	37	1899	846	99	49	42	17	705	310	65	41	723	294	265	135
HSE Total	171	9134	4888	506	329	189	122	3588	1892	581	306	2140	1101	2130	1138

Table 2b LTCF-based HCW Influenza Vaccine Uptake (%) by *Regional Health Area* and Staff Category (**HSE only**) for the 2022-2023 Season, n=171 LTCFs

Regional Health Area	Health	Total % Uptake	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Nursing	% Uptake Health & SocialCare	% Uptake Other Patient & ClientCare	% Uptake General Support
A		48.5	68.1	90.6	49.0	49.6	48.6	39.2
B		51.9	68.9	57.1	53.6	30.0	48.7	54.9
C		52.9	66.7	56.9	48.2	46.2	64.8	52.7
D		59.0	73.3	100.0	64.6	44.6	55.3	53.7
E		77.1	70.9	66.7	74.9	91.7	69.6	91.5
F		44.5	49.5	40.5	44.0	63.1	40.7	50.9
HSE Total		53.5	65.0	64.6	52.7	52.7	51.4	53.4

Table 2c LTCF-based HCW Influenza Eligible and Vaccinated HCW Counts by *Regional Health Area* and Staff Category (**non-HSE/private-run only**) for the 2022-2023 Season, n=48 LTCFs

Regional Health Area	No. LTCFs	Total Eligible	Total Vaccinated	Eligible Management & Administration	Vaccinated Management & Administration	Eligible Medical & Dental	Vaccinated Medical & Dental	Eligible Nursing	Vaccinated Nursing	Eligible Health & SocialCare	Vaccinated Health & SocialCare	Eligible Other Patient & ClientCare	Vaccinated Other Patient & ClientCare	Eligible General Support	Vaccinated General Support
A	14	936	445	113	58	18	17	222	126	136	80	289	101	158	63
B	5	314	185	20	13	1	1	57	35	114	74	52	32	70	30
C	16	2728	1034	157	82	17	11	409	191	1302	316	669	319	174	115
D	9	1149	469	84	53	20	9	412	174	147	45	116	31	370	157
E	4	530	219	29	13	0	0	78	40	45	8	333	133	45	25
F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-HSE/Private Total	48	5657	2352	403	219	56	38	1178	566	1744	523	1459	616	817	390

Table 2d LTCF-based HCW Influenza Vaccine Uptake (%) by *Regional Health Area* and Staff Category (**non-HSE/private-run only**) for the 2022-2023 Season, n=48 LTCFs

Regional Health Area	Total % Uptake	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Nursing	% Uptake Health & SocialCare	% Uptake Other Patient & ClientCare	% Uptake General Support
A	47.5	51.3	94.4	56.8	58.8	34.9	39.9
B	58.9	65.0	100.0	61.4	64.9	61.5	42.9
C	37.9	52.2	64.7	46.7	24.3	47.7	66.1
D	40.8	63.1	45.0	42.2	30.6	26.7	42.4
E	41.3	44.8	-	51.3	17.8	39.9	55.6
F	-	-	-	-	-	-	-
Non-HSE/Private Total	41.6	54.3	67.9	48.0	30.0	42.2	47.7

See Appendix 2 for a breakdown of LTCF-based HCW vaccine uptake by staff of category (See separate excel file with this report).

Figure 3.1 LTCF-based HCW Influenza vaccine uptake by *Regional Health Area (HSE only)* and number of reporting LTCFs for the 2022-2023 Season, n=171 LTCFs

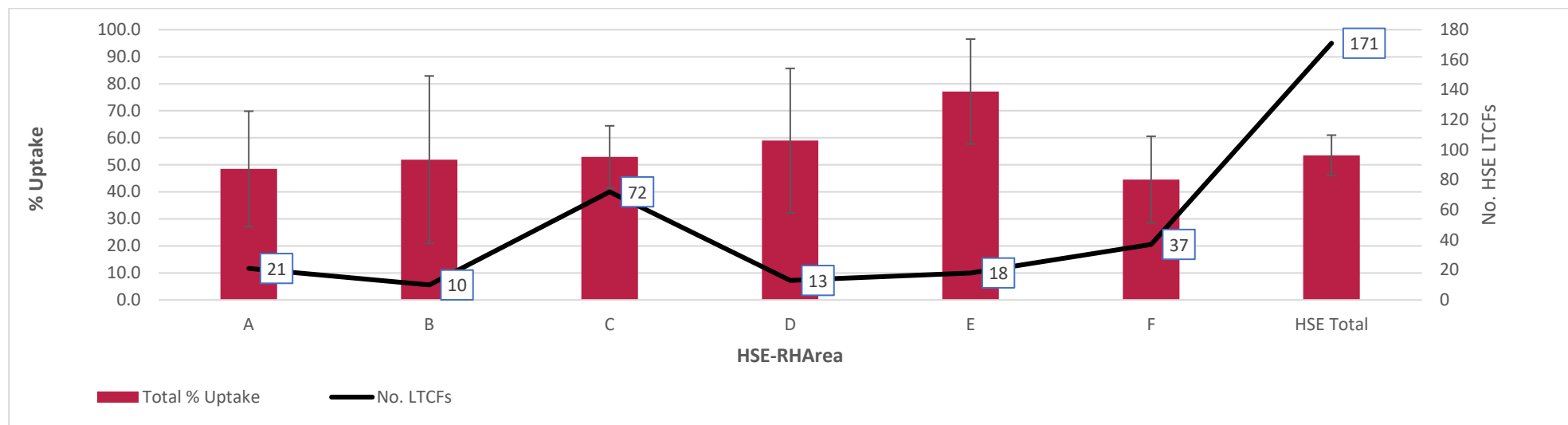


Figure 3.2 LTCF-based HCW Influenza vaccine uptake by Regional Health Area (*non-HSE/private-run only*) and number of reporting LTCFs for the 2022-2023 Season, n=48 LTCFs

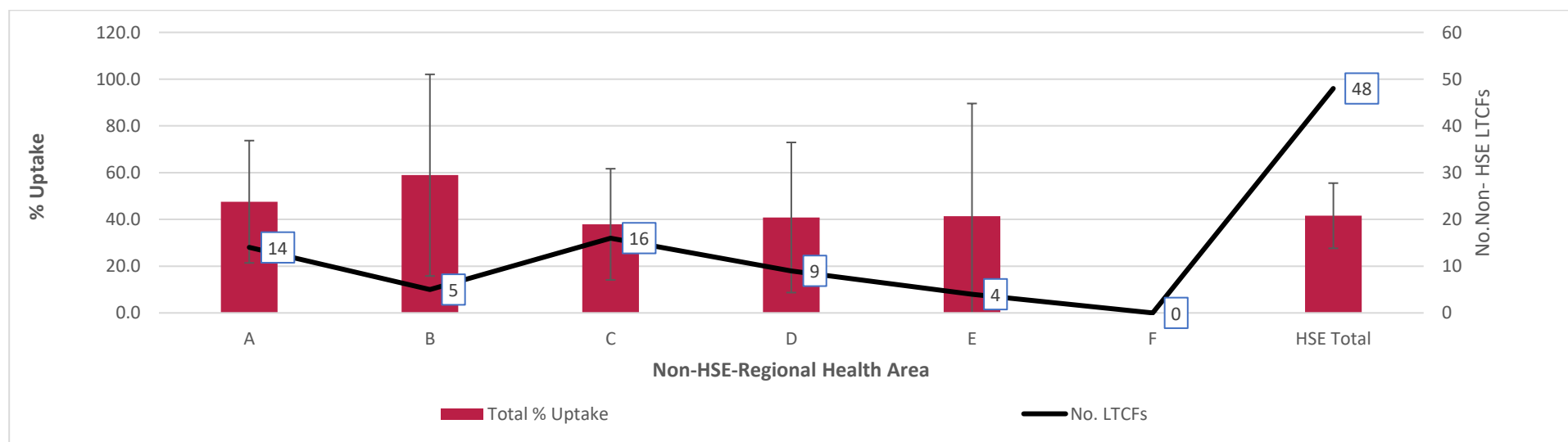


Figure 4.1 influenza vaccine uptake (%) of LTCF-based HCWs in **HSE run facilities** by *Regional Health Area* and staff category, 2022-2023 season, n=171 LTCFs

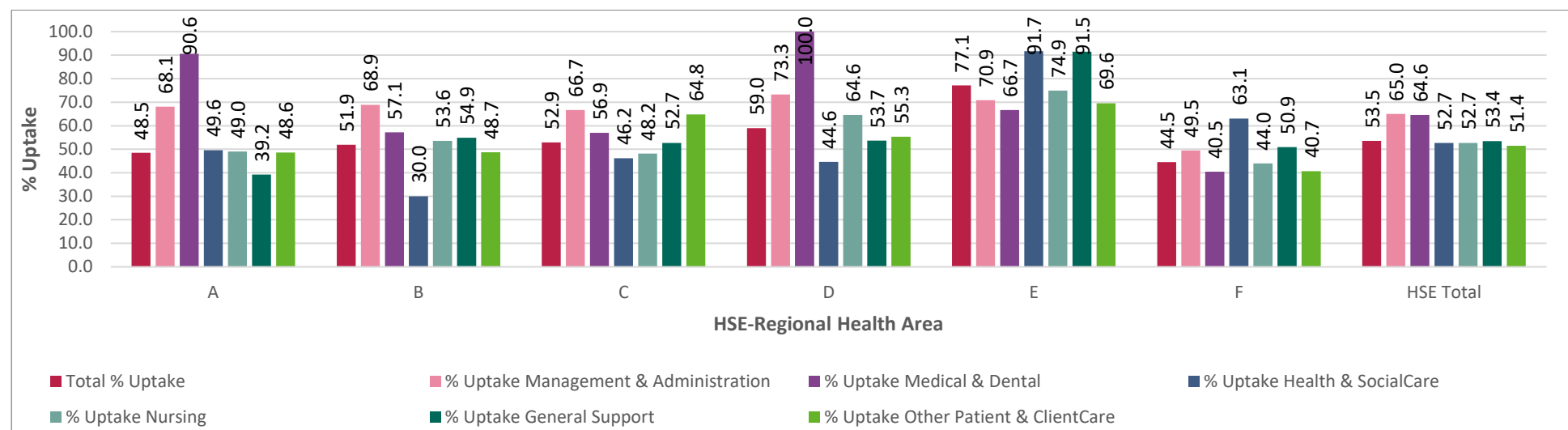
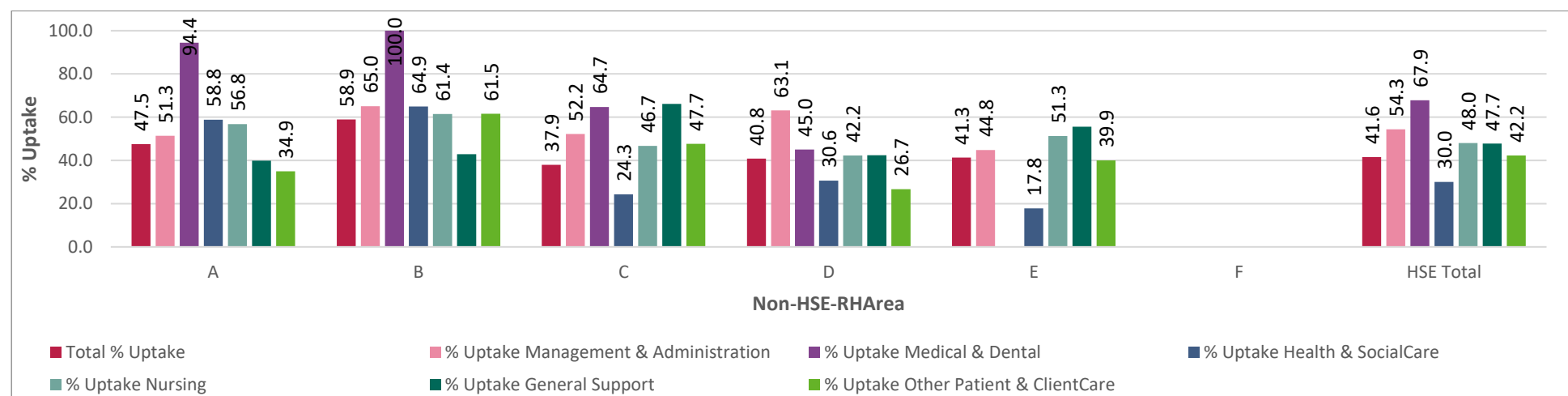


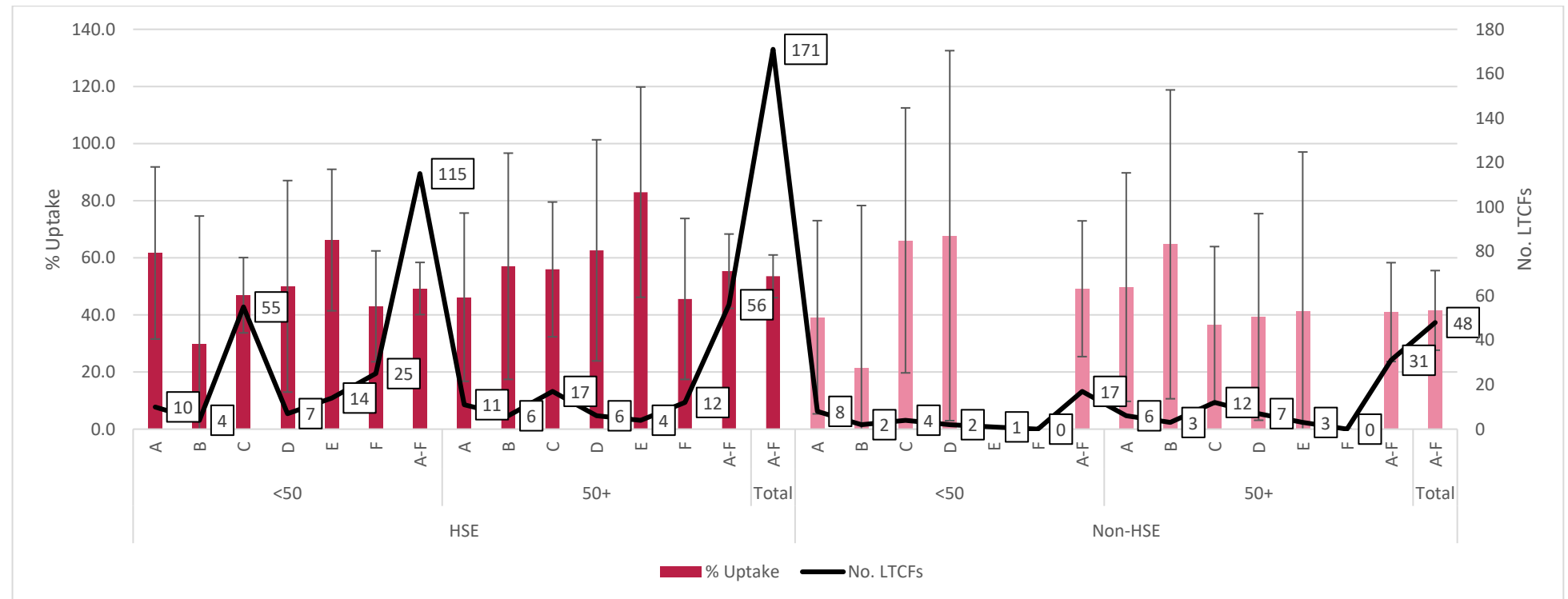
Figure 4.2 Influenza vaccine uptake (%) of LTCF-based HCWs in **non-HSE/privately-run facilities** by *Regional Health Area* and staff category, 2022-2023 season, n=48 LTCFs



Among HSE LTCFs with staff complements of <50, uptake was highest in 14 LTCFs in RHA-E (66.2%) and lowest in four LTCFs in RHA-B (29.8%). Where staff complements were 50+, uptake was highest among 4 LTCFs in RHA-E (83.0%) and lowest among 12 LTCFs in RHA-F (45.6%) (Figure 5).

Among non-HSE/privately-run LTCFs with staff complements of <50, uptake was highest among two LTCFs in RHA-D (67.7%) and lowest among two LTCFs in RHA-B (21.4%). Where staff complements were 50+, uptake was highest among three LTCFs in RHA-B (64.7%) and lowest among 12 LTCFs in RHA-C (36.7%) (Figure 5).

Figure 5 Influenza vaccine uptake (%) of LTCF-based HCWs by Regional Health Area and staff size (<50, 50+ HCWs), 2022-2023 season, n=219 LTCFs, including 171 HSE and 48 non-HSE/privately-run LTCFs



Among the sources of information on eligible staffing numbers accessed by data providers, 211 of the 219 participating LTCFs provided known details: 55.3% (n=121) were provided by the person in charge only (Table 2c).

Table 2c Sources of information on eligible staffing numbers cited by LTCF-based data providers, 2022-2023 Season, n=219 LTCFs

Source of information on eligible staffing numbers	No. participating LTCFs	% Total
Person In charge only	121	55.3
Person In charge and CHO HR office	20	9.1
Other	20	9.1
Person In charge and HR office	15	6.8
HR office only	14	6.4
Person In charge and Other	10	4.6
Person In charge, HR office and Other	6	2.7
HR office, CHO HR office and National HR office if HSE	1	0.5
HR office and Other	1	0.5
National HR office if HSE	1	0.5
Person In charge and National HR office if HSE	1	0.5
Person In charge and Unsure	1	0.5
Unsure/Not specified	8	3.7
Total	219	100.0

Among the sources of information on vaccinated staffing numbers accessed by data providers, 214 of the 219 participating LTCFs provided known details: many different sources and combinations thereof were cited, among the most frequent were the person in charge and the COVAX/IIS dashboard, 20.5% (n=45) whilst another 18.7% (n=41) were provided by the person in charge only (Table 2d).

Table 2d Sources of information on vaccinated staffing numbers cited by LTCF-based data providers, 2022-2023 Season, n=219 LTCFs

Source of information on vaccinated staffing numbers	No. participating LTCFs	% Total
Person in charge and COVAX/IIS dashboard	45	20.5
Person in charge only	41	18.7
Self-reporting by HCWs only	18	8.2
Person in charge, COVAX/IIS system portal and Local LTCF records	18	8.2
Other	14	6.4
Person in charge and Self-reporting by HCWs	12	5.5
Person in charge, Local LTCF records and Self-reporting by HCWs	9	4.1
COVAX/IIS system portal and Other	8	3.7
COVAX/IIS system portal only	7	3.2
Person in charge, COVAX/IIS system portal and Self-reporting by HCWs	7	3.2
Person in charge, COVAX/IIS system portal and Other	5	2.3
Local LTCF records only	4	1.8
Self-reporting by HCWs and Other	3	1.4
Person in charge, Self-reporting by HCWs and Other	3	1.4
Local LTCF records and Self-reporting by HCWs	3	1.4
Person in charge and Local LTCF records	2	0.9
COVAX/IIS dashboard only	2	0.9
Person in charge, COVAX/IIS system portal, Local LTCF records and Self-reporting by HCWs	2	0.9
Person in charge, COVAX/IIS dashboard, Self-reporting by HCWs and Other	2	0.9
COVAX/IIS dashboard, Local LTCF records and Self-reporting by HCWs	1	0.5
COVAX/IIS system portal and Local LTCF records	1	0.5
COVAX/IIS system portal, COVAX/IIS dashboard and Local LTCF records	1	0.5
Local LTCF records and Other	1	0.5
COVAX/IIS dashboard and Other	1	0.5
Person in charge and Other	1	0.5
Person in charge, COVAX/IIS system portal, COVAX/IIS dashboard, Local LTCF records and Other	1	0.5
Person in charge and COVAX/IIS system portal	1	0.5
Unsure/Not specified	5	2.3
Total	219	100.0

LTCF-based Resident Uptake

In total, 176 LTCFs (109 HSE and 67 non-HSE/private-run, (ratio 1:0.62) participated in the Point Prevalence Survey (PPS), (Table 4). Overall uptake among the HSE facilities was 91.3% among long-term residents and 73.8% among respite residents; in the non-HSE/private-run LTCFs, uptake was also generally very high and broadly similar between long-term (95.8%) and respite residents (67.3%) (Tables 3a, 3b). The reported number of participating LTCFs in the tables below *includes* those that had no long-term residents and/or respite residents under their care at the time the surveys were conducted.

Note: Details of Eligible and Vaccinated LTCF residents counts by the nine Community Health Organisations are provided in the appendices at the end of this report.

Table 3a LTCF-based Residents Influenza Eligible and Vaccinated Counts and % Uptake by *Regional Health Area (HSE only)* for the 2022-2023 Season, n=109 LTCFs

Regional Health Area	No. LTCFs	Eligible Long-term Residents	Vaccinated Long-term Residents	% Uptake LT Residents	Eligible Respite Residents	Vaccinated Respite Residents	Uptake Respite Residents
A	9	194	175	90.2	2	2	100.0
B	8	207	166	80.2	22	17	77.3
C	52	946	876	92.6	84	66	78.6
D	16	510	483	94.7	66	50	75.8
E	2	126	119	94.4	1	1	100.0
F	22	457	408	89.3	85	56	65.9
Total	109	2440	2227	91.3	260	192	73.8

Table 3b LTCF-based Residents Influenza Eligible and Vaccinated Counts and % Uptake by *Regional Health Area (non-HSE/private-run only)* for the 2022-2023 Season, n=67

Regional Health Area	No. LTCFs	Eligible Long-term Residents	Vaccinated Long-term Residents	% Uptake LT Residents	Eligible Respite Residents	Vaccinated Respite Residents	Uptake Respite Residents
A	9	482	463	96.1	2	1	50.0
B	8	443	407	91.9	7	4	57.1
C	14	835	792	94.9	1	1	100.0
D	16	363	356	98.1	22	18	81.8
E	14	586	570	97.3	16	7	43.8
F	6	295	290	98.3	4	4	100.0
Total	67	3004	2878	95.8	52	35	67.3

Across all six RHAs and among both HSE and non-HSE/private-run facilities, uptake among long-term residents was very high with the minimum uptake recorded being 80.2% in RHA-B among HSE/private-run facilities. Uptake among respite residents varied considerably by RHA; in HSE facilities (range 65.9% [RHA-F] to 100% [RHA-A & E]); in non-HSE/private-run facilities (range 43.8% [RHA-E] to 100% [RHA-C & F]) (Tables 3a, 3b).

In comparison to the long-term residents of LTCFs, relatively small numbers of respite residents were vaccinated (n=192-HSE, 35-non-HSE/privately-run). Overall uptake among respite residents was a little more in HSE facilities (73.8%) compared to non-HSE/privately-run facilities (67.3%) (Figures 3.1, 3.2).

See Appendix 3 for a breakdown of LTCF-based resident uptake by staff of category (See separate excel file with this report).

For long-term residents, uptake by size (0-9, 10-49, 50+) was consistently high in both HSE facilities (86.7% to 93.2%) and in non-HSE/privately-run facilities (95.2% to 100.0%) (Figure 4).

Figure 3.1 Percentage uptake of LTCF-based residents (long-term and respite) in **HSE run facilities** by RHA, 2022-2023 Season, n=109 LTCFs

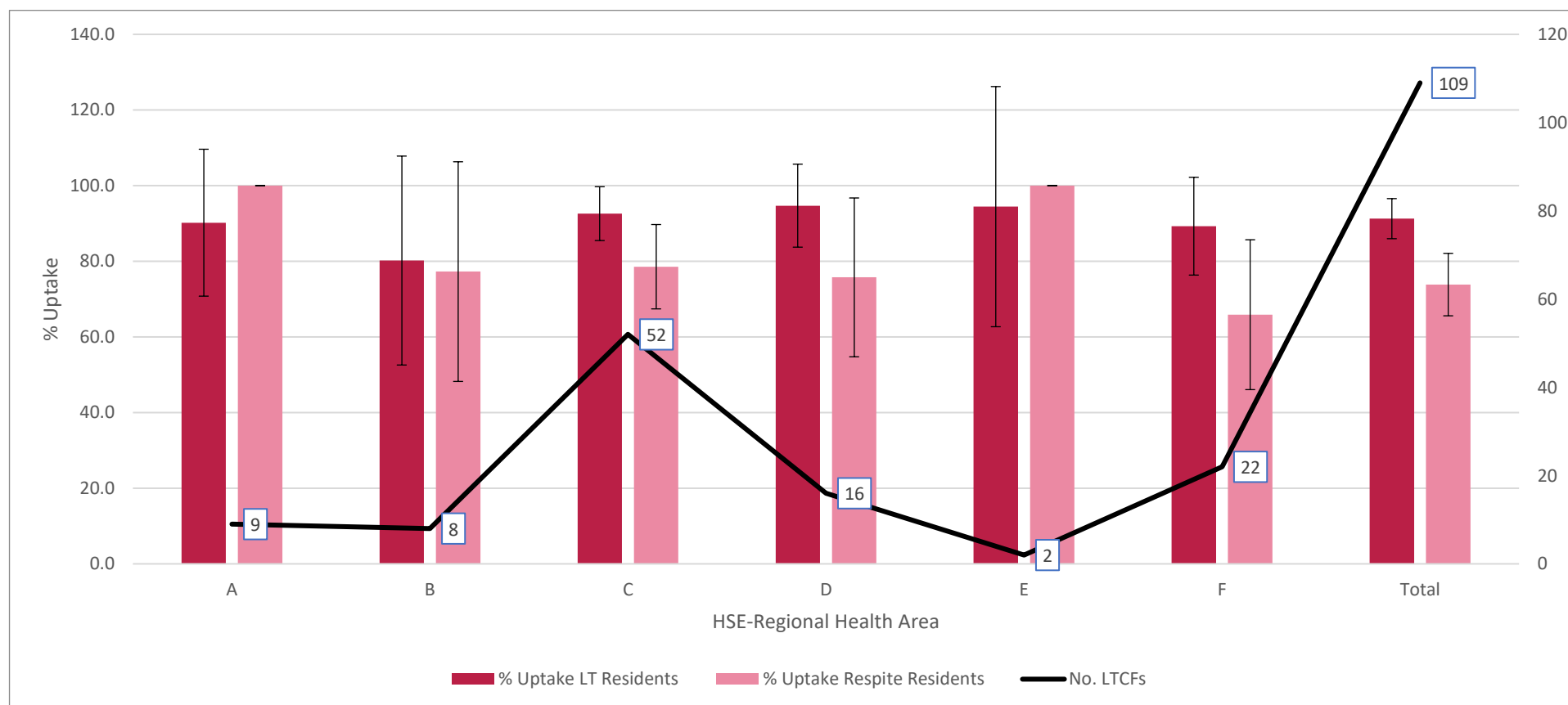


Figure 3.2 Percentage uptake of LTCF-based residents (long-term and respite) in **non-HSE/private-run facilities** by *Regional Health Area*, 2022-2023 Season, n=67 LTCFs

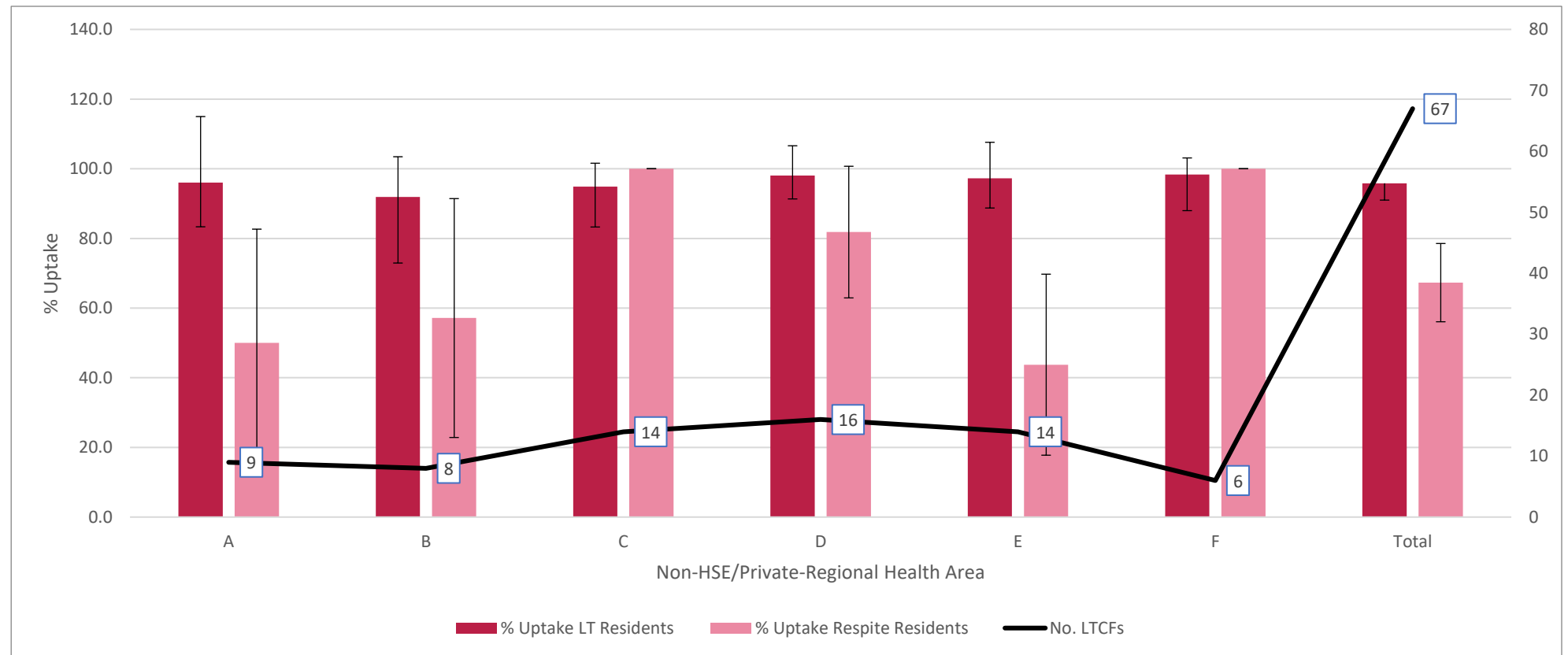
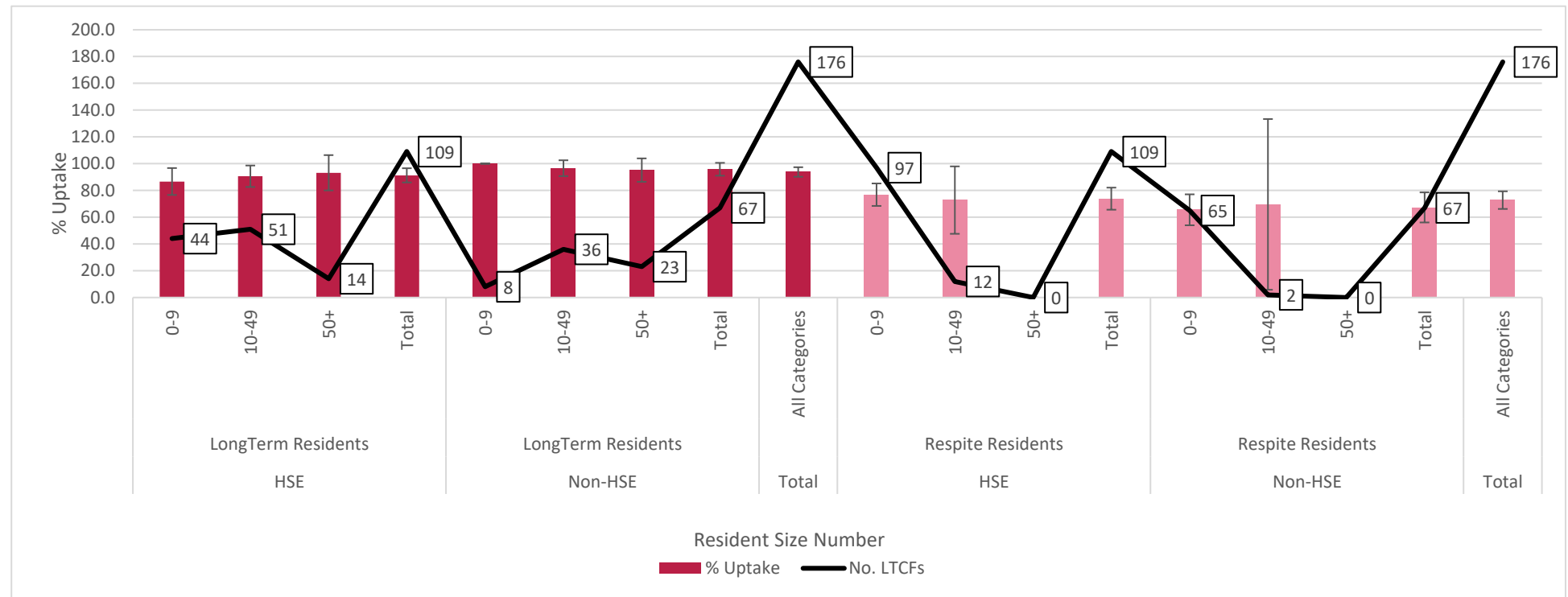


Figure 4 Influenza vaccine uptake (%) of LTCF-based residents (long-term and respite) in LTCFs by facility type and resident number size, 2022-2023 season, n=176 LTCFs



Among the sources of information on eligible staffing numbers accessed by data providers, 173 of the 176 participating LTCFs provided known details: most, 78.4% (n=138), were provided by the person in charge only (Table 3c).

Table 3c Sources of information on eligible staffing numbers cited by LTCF-based data providers, 2022-2023 Season, n=176 LTCFs

Source of information on eligible staffing numbers	No. participating LTCFs	% Total
Person in Charge	138	78.4
Person in Charge and Other	15	8.5
Other	10	5.7
Person in Charge and HR office	5	2.8
Person in Charge and National HR office if HSE	3	1.7
Person in Charge, HR office and CHO HR office	1	0.6
Person in Charge and CHO HR office	1	0.6
Unsure	3	1.7
Total	176	100.0

Among the sources of information on vaccinated staffing numbers accessed by data providers, 174 of the 176 participating LTCFs provided known details: well over half, 56.3% (n=99), were again provided by the person in charge only (Table 3d).

Table 3d Sources of information on vaccinated staffing numbers cited by LTCF-based data providers, 2022-2023 Season, n=176 LTCFs

Source of information on vaccinated staffing numbers	No. participating LTCFs	% Total
Person in Charge only	99	56.3
Person in Charge and Local LTCF records	19	10.8
Person in Charge, Other	9	5.1
Person in Charge, Local LTCF records and Self-reporting by residents	5	2.8
Person in Charge and Self-reporting by residents	5	2.8
Person in Charge, Self-reporting by residents and Other	5	2.8
Local LTCF records only	4	2.3
Other	3	1.7
Local LTCF records, Self-reporting by residents and Other	2	1.1
Person in Charge, COVAX/IIS system portal and Local LTCF records	2	1.1
Person in Charge, Local LTCF records, Self-reporting by residents and Other	2	1.1
COVAX/IIS system portal and Local LTCF records	2	1.1
Person in Charge, Local LTCF records and Other	2	1.1
Local LTCF records and Other	2	1.1
Person in Charge and COVAX/IIS system portal	2	1.1
Person in Charge, COVAX/IIS system portal, Local LTCF records and Self-reporting by residents	1	0.6
COVAX/IIS dashboard and Local LTCF records	1	0.6
Person in Charge, COVAX/IIS system portal, Self-reporting by residents and Other	1	0.6
Local LTCF records and Self-reporting by residents	1	0.6
COVAX/IIS system portal and Other	1	0.6
Person in Charge, COVAX/IIS dashboard and Local LTCF records	1	0.6
Person in Charge, Unsure	1	0.6
COVAX/IIS system portal only	1	0.6
Self-reporting by residents only	1	0.6
Person in Charge, COVAX/IIS system portal and COVAX/IIS dashboard	1	0.6
Person in Charge, COVAX/IIS system portal, COVAX/IIS dashboard and Self-reporting by residents	1	0.6
Unsure	2	1.1
Total	176	100.0

Discussion

The uptake recorded among HCWs via the HPSC Qualtrics surveys during the 2022-2023 season revealed a marked reduction compared to the previous season.

In 2021-2022, uptake among all hospital-based HCWs was 64.0% (64.5% among HSE hospitals), considerably more than the 54.2% (54.4% among HSE hospitals) recorded during the current season when five HSE/public hospitals that would have typically provided returns did not.

The decline in LTCF HCWs was not as marked as in hospital-based HCWs. Uptake was 55.2% (55.2% among HSE LTCFs) in 2021-2022 compared to 48.9% (53.5% among HSE LTCFs) in 2022-2023. This decrease in uptake among HCWs based in HSE and in non-HSE/private run LTCFs also coincided with a reduction in overall participation in the annual survey, falling from 293 in 2021-2022 to 219 LTCFs in 2022-2023.

As was the case in the previous season, HCWs (both HSE and non-HSE) were entitled to obtain free vaccination in the primary care setting if it was more convenient for them to do so. It is possible therefore that some HCWs, who were vaccinated in these settings, may not have reported their status to their work place managers, and, as a result the uptake reported would have been less than what it actually was.

Another possible explanation for the reduced uptake among HCWs in 2022-2023 was the reliance of data providers on the COVAX/IIS system to capture counts of all flu vaccination records. Other issues contributing to under-reporting of uptake by HCW place of work included:

- local managers using the COVAX system not always in a position to validate where staff were working and in what capacity (staff category) if they choose to get vaccinated elsewhere, in GP or in pharmacies for example
- local managers not always 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 were assigned to their correct place of work/vaccination and, to a lesser extent, their staff category type

A similar high level of uptake in LTCFs among long-term residents was observed in the current season compared to the previous season: overall uptake of 93.0% (95.4% in HSE LTCFs) in 2021-2022 and 93.8% (91.3% in HSE LTCFs) in 2022-2023. For respite residents, uptake declined: in 2021-2022 it was 82.8% (78.7% in HSE LTCFs) compared to 72.8% (73.8% in HSE LTCFs) in 2022-2023. This reduction in uptake among residents (both long-term and respite) occurred despite an increase in the overall number of participating LTCFs from 162 in 2021-2022 to 171 during 2022-2023.

One reason perhaps why a reduction in uptake among LTCF residents did not occur during the current season (unlike that which was seen among HCWs) was because of a better local knowledge of uptake by flu leads and less reliance on the COVAX system when completing the HPSC survey. This is borne out by the high-level data contributions sourced by the person in charge only.

As monitoring uptake among health care workers is a key performance indicator and allows services to benchmark their performance against other similar services, there is a continued need to improve the monitoring capacity within the HSE health care settings so that services can demonstrate improvements in influenza vaccine uptake across all health sectors with the most important influenza prevention control measure that can be put in place for patients and the workers.

For the forthcoming 2023-2024 season, the centralisation of influenza vaccination record capture by the HSE's COVAX/IIS team will again play a pivotal role in how uptake is monitored and calculated. However, a number of challenges remain, including the fact that:

COVAX flu dashboard *does not yet*

- capture eligible staffing details by location
- capture data by vaccination location and Local Health Office (LHO), Community Care Organisation (CHO) or Regional health Area
- address all issues of data omissions, incompleteness and inaccuracies in relation to the GP and pharmacy reporting components that feed into it
- capture uptake by all six official HSE categories of staff, specifically other patient and client care

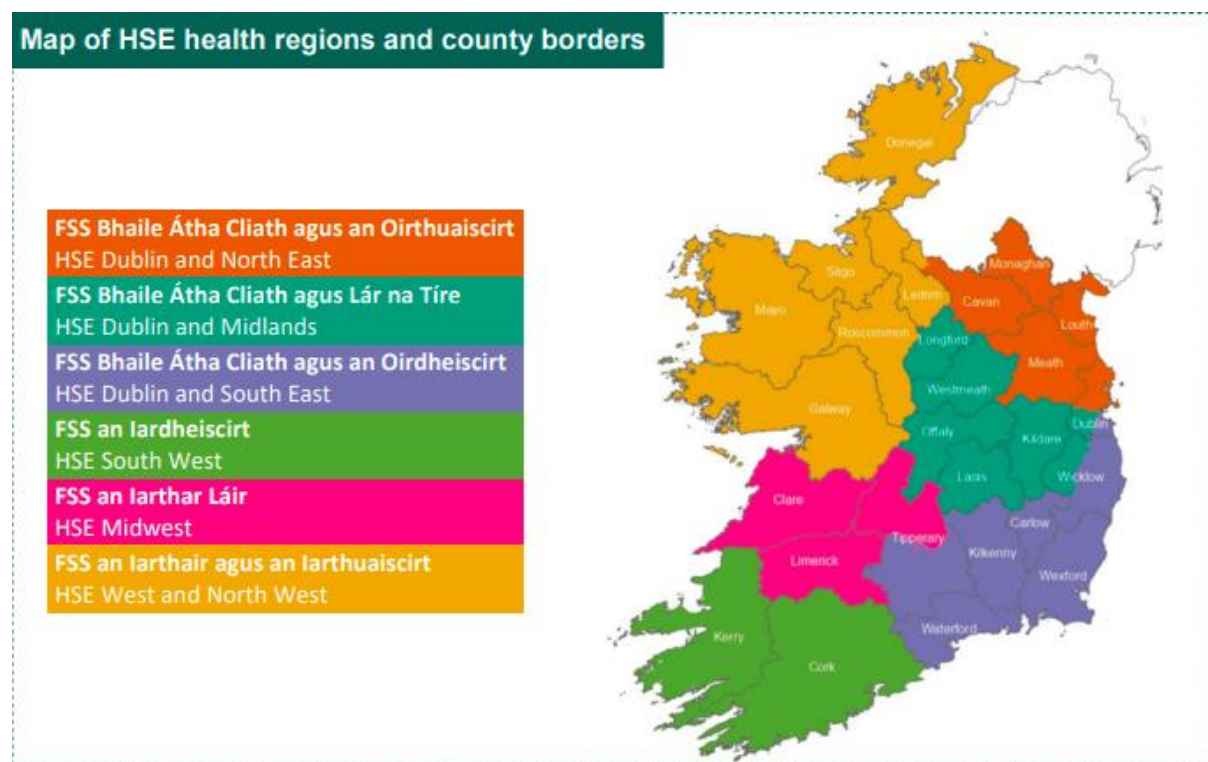
The latter is critical because the HPSC HCW-based surveys, which are still required to be completed by local flu leads as denominator data is not captured on the COVAX dashboard, is used to provide vaccination counts by staff category by location.

Acknowledgements

Thanks to all those who provided information for this report, especially the hospitals and LTCFs who provided the HPSC-Qualtrics survey returns. All gratefully received.

Notes: HSE Regional Health Area Listing:

- RH Area A-HSE Dublin and North East
- RH Area B-HSE Dublin and Midlands
- RH Area C-HSE Dublin and South East
- RH Area D-HSE South West
- RH Area E-HSE Midwest
- RH Area F-HSE West and North West

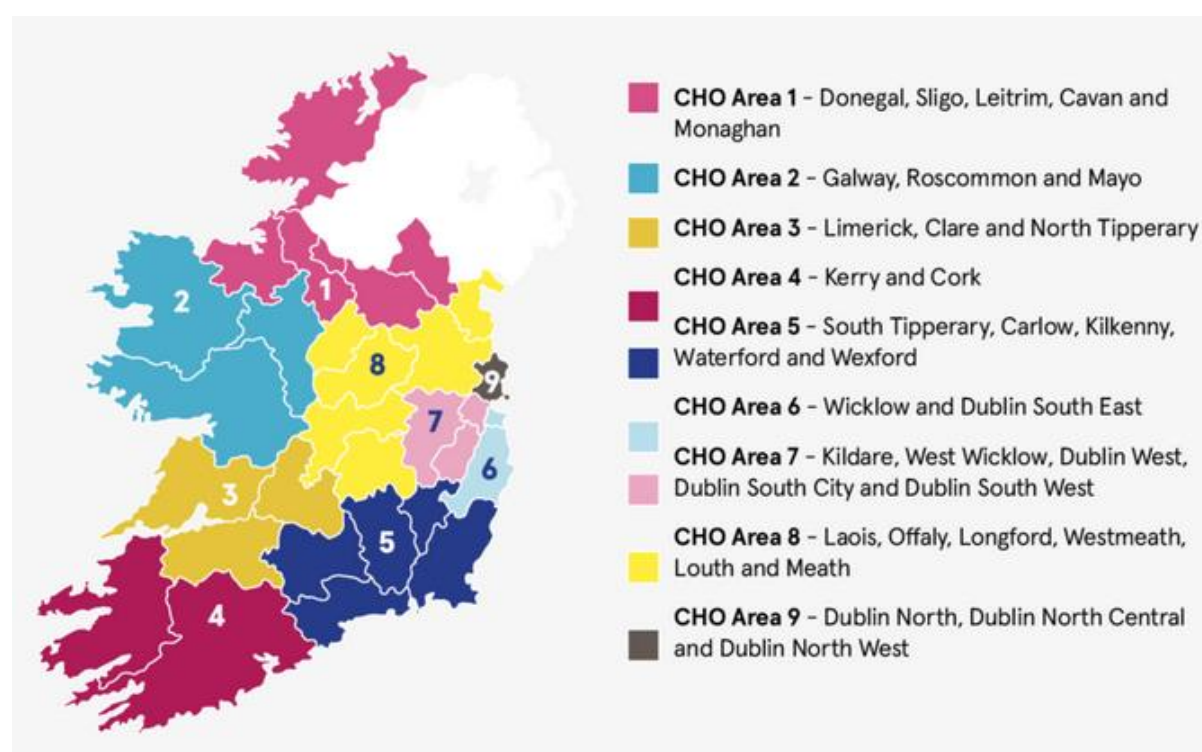


Appendices:

Tables and Figures of Flu Vaccine Uptake among HCWs and Residents based in LTCFs presented by Community Health Organisation

Note: HSE Community Health Organisation (CHO) Listing:

Area 1: Donegal; Sligo/Leitrim/West Cavan; Cavan/Monaghan; Area 2: Galway; Roscommon; Mayo; Area 3: Clare; Limerick; North Tipperary/East Limerick; Area 4: Kerry; North Cork; North Lee; South Lee; West Cork; Area 5: South Tipperary; Carlow/Kilkenny; Waterford; Wexford; Area 6: Wicklow; Dun Laoghaire; Dublin South East; Area 7: Kildare/West Wicklow; Dublin West; Dublin South City; Dublin South West; Area 8: Laois/Offaly; Longford/Westmeath; Louth/Meath; Area 9: Dublin North; Dublin North Central; Dublin North West



Appendix Table 1.1 LTCF-based HCW Influenza Eligible and Vaccinated HCW Counts by *Community Health Organisation* and Staff Category (**HSE only**) for the 2022-2023 Season, n=171 LTCFs

Community Health Organisation	No. LTCFs	Total Eligible	Total Vaccinated	Eligible Management & Administration	Vaccinated Management & Administration	Eligible Medical & Dental	Vaccinated Medical & Dental	Eligible Nursing	Vaccinated Nursing	Eligible Health & SocialCare	Vaccinated Health & SocialCare	Eligible Other Patient & ClientCare	Vaccinated Other Patient & ClientCare	Eligible General Support	Vaccinated General Support
CHO1	24	994	393	60	26	31	17	365	153	33	14	282	95	223	88
CHO2	20	1237	572	54	31	12	1	446	198	42	30	582	239	101	73
CHO3	18	1040	802	79	56	15	10	479	359	60	55	230	160	177	162
CHO4	13	877	517	45	33	21	21	274	177	56	25	170	94	311	167
CHO5	60	1942	968	85	55	57	27	922	413	72	30	205	129	601	314
CHO6	10	438	258	40	33	14	13	201	103	20	12	74	48	89	49
CHO7	6	852	449	36	21	7	6	316	176	26	16	277	148	190	82
CHO8	16	920	505	66	39	9	6	305	167	58	22	276	148	206	123
CHO9	4	834	424	41	35	23	21	280	146	214	102	44	40	232	80
HSE Total	171	9134	4888	506	329	189	122	3588	1892	581	306	2140	1101	2130	1138

Appendix Table 1.2 LTCF-based HCW Influenza Vaccine Uptake (%) by *Community Health Organisation* and Staff Category (**HSE only**) for the 2022-2023 Season, n=171 LTCFs

Community Health Organisation	Total % Uptake	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Nursing	% Uptake Health & SocialCare	% Uptake Other Patient & ClientCare	% Uptake General Support
CHO1	39.5	43.3	54.8	41.9	42.4	33.7	39.5
CHO2	46.2	57.4	8.3	44.4	71.4	41.1	72.3
CHO3	77.1	70.9	66.7	74.9	91.7	69.6	91.5
CHO4	59.0	73.3	100.0	64.6	44.6	55.3	53.7
CHO5	49.8	64.7	47.4	44.8	41.7	62.9	52.2
CHO6	58.9	82.5	92.9	51.2	60.0	64.9	55.1
CHO7	52.7	58.3	85.7	55.7	61.5	53.4	43.2
CHO8	54.9	59.1	66.7	54.8	37.9	53.6	59.7
CHO9	50.8	85.4	91.3	52.1	47.7	90.9	34.5
HSE Total	53.5	65.0	64.6	52.7	52.7	51.4	53.4

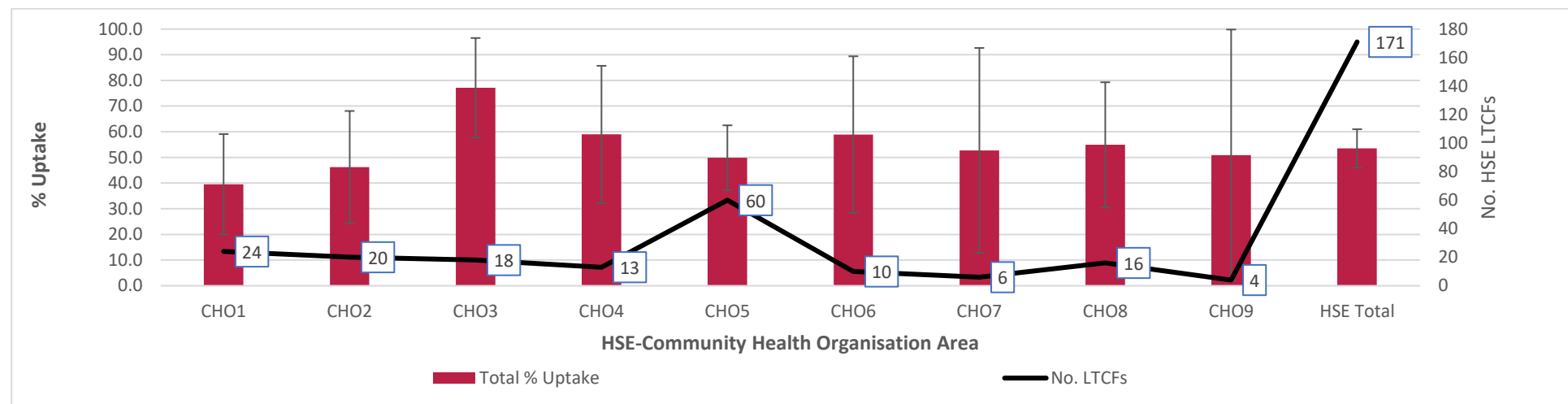
Appendix Table 1.3 LTCF-based HCW Influenza Eligible and Vaccinated HCW Counts by *Community Health Organisation* and Staff Category (**non-HSE/private-run only**) for the 2022-2023 Season, n=48 LTCFs

Community Health Organisation	No. LTCFs	Total Eligible	Total Vaccinated	Eligible Management & Administration	Vaccinated Management & Administration	Eligible Medical & Dental	Vaccinated Medical & Dental	Eligible Nursing	Vaccinated Nursing	Eligible Health & SocialCare	Vaccinated Health & SocialCare	Eligible Other Patient & ClientCare	Vaccinated Other Patient & ClientCare	Eligible General Support	Vaccinated General Support
CHO1	2	89	48	7	6	0	0	13	8	6	5	45	21	18	8
CHO2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHO3	4	530	219	29	13	0	0	78	40	45	8	333	133	45	25
CHO4	9	1149	469	84	53	20	9	412	174	147	45	116	31	370	157
CHO5	7	1015	458	56	34	0	0	144	75	454	151	273	137	88	61
CHO6	6	1009	255	38	18	2	2	93	49	753	83	99	88	24	15
CHO7	7	950	457	81	42	16	10	217	93	208	155	311	95	117	62
CHO8	4	125	68	7	5	1	1	17	11	15	3	70	41	15	7
CHO9	9	790	378	101	48	17	16	204	116	116	73	212	70	140	55
Non-HSE/Private Total	48	5657	2352	403	219	56	38	1178	566	1744	523	1459	616	817	390

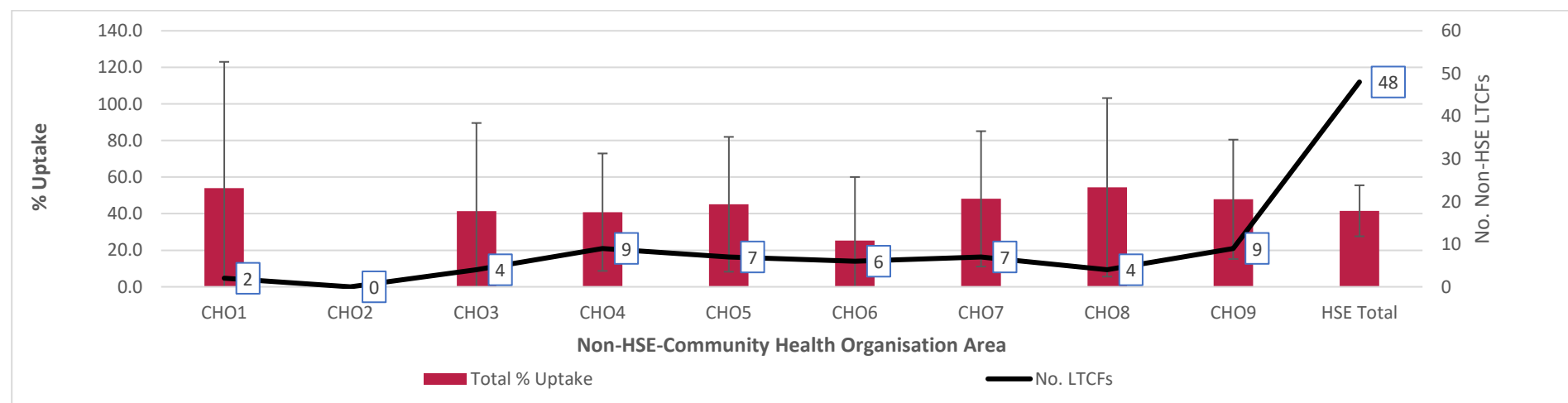
Appendix Table 1.4 LTCF-based HCW Influenza Vaccine Uptake (%) by *Community Health Organisation* and Staff Category (**non-HSE/private-run only**) for the 2022-2023 Season, n=48 LTCFs

Community Health Organisation	Total % Uptake	% Uptake Management & Administration	% Uptake Medical & Dental	% Uptake Nursing	% Uptake Health & SocialCare	% Uptake Other Patient & ClientCare	% Uptake General Support
CHO1	53.9	85.7	-	61.5	83.3	46.7	44.4
CHO2	-	-	-	-	-	-	-
CHO3	41.3	44.8	-	51.3	17.8	39.9	55.6
CHO4	40.8	63.1	45.0	42.2	30.6	26.7	42.4
CHO5	45.1	60.7	-	52.1	33.3	50.2	69.3
CHO6	25.3	47.4	100.0	52.7	11.0	88.9	62.5
CHO7	48.1	51.9	62.5	42.9	74.5	30.5	53.0
CHO8	54.4	71.4	100.0	64.7	20.0	58.6	46.7
CHO9	47.8	47.5	94.1	56.9	62.9	33.0	39.3
Non-HSE/Private Total	41.6	54.3	67.9	48.0	30.0	42.2	47.7

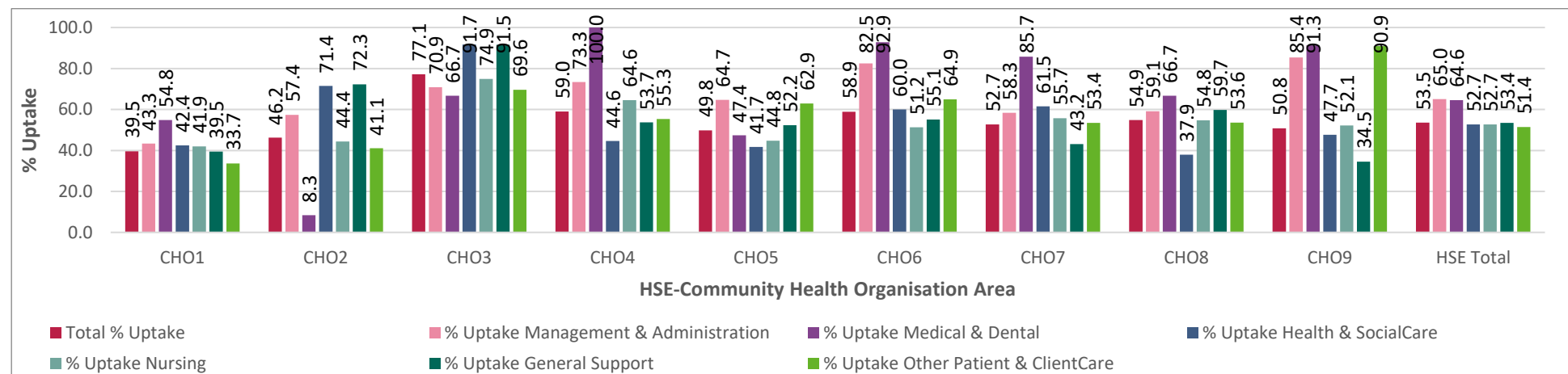
Appendix Figure 1.1 LTCF-based HCW Influenza uptake by *Community Health Organisation (HSE only)* and number of reporting LTCFs for the 2022-2023 Season, n=171 LTCFs



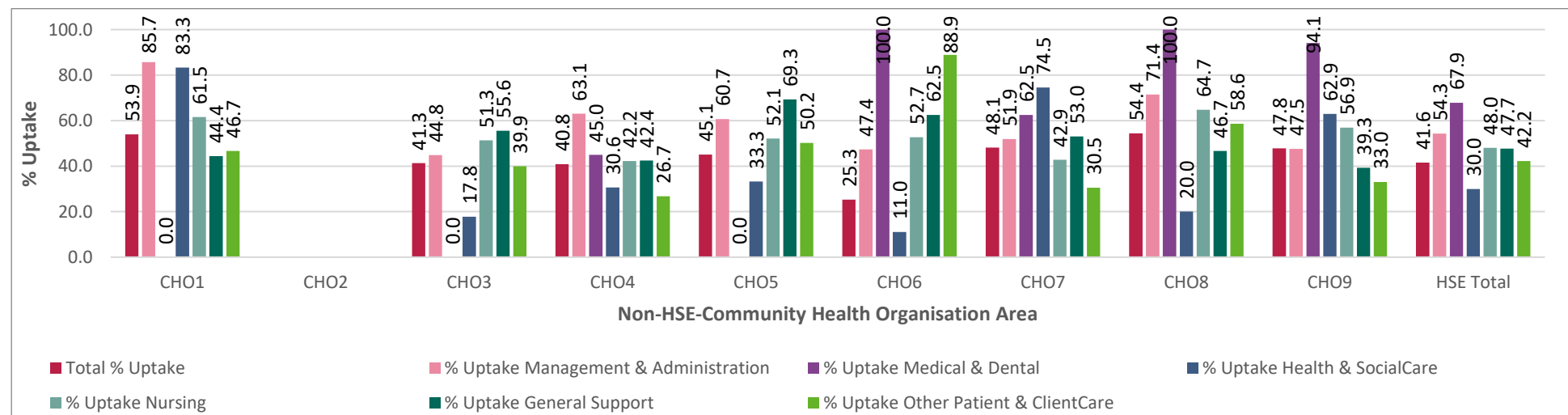
Appendix Figure 1.2 LTCF-based HCW Influenza uptake by *Community Health Organisation (non-HSE only)* and number of reporting LTCFs for the 2022-2023 Season, n=48 LTCFs



Appendix Figure 2.1 influenza vaccine uptake (%) of LTCF-based HCWs in **HSE run facilities** by *Community Health Organisation* and staff category, 2022-2023 season, n=171 LTCFs



Appendix Figure 2.2 influenza vaccine uptake (%) of LTCF-based HCWs in **non-HSE run facilities** by *Community Health Organisation* and staff category, 2022-2023 season, n=48 LTCFs



Appendix Table 3.1 LTCF-based Residents Influenza Eligible and Vaccinated Counts and % Uptake by *Community Health Organisation (HSE only)* for the 2022-2023 Season, n=109 LTCFs

Community Health Organisation	No. LTCFs	Eligible Long-term Residents	Vaccinated Long-term Residents	% Uptake LT Residents	Eligible Respite Residents	Vaccinated Respite Residents	% Uptake Respite Residents
CHO1	19	208	184	88.5	56	38	67.9
CHO2	8	296	266	89.9	29	18	62.1
CHO3	2	126	119	94.4	1	1	100.0
CHO4	16	510	483	94.7	66	50	75.8
CHO5	36	523	496	94.8	62	50	80.6
CHO6	11	175	147	84.0	19	16	84.2
CHO7	10	335	291	86.9	6	3	50.0
CHO8	6	226	201	88.9	21	16	76.2
CHO9	1	41	40	97.6	0	0	0
Total	109	2440	2227	91.3	260	192	73.8

Appendix Table 3.2 LTCF-based Residents Influenza Eligible and Vaccinated Counts and % Uptake by Community Health Organisation (**non-HSE/private-run only**) for the 2022-2023 Season, n=67

Community Health Organisation	No. LTCFs	Eligible Long-term Residents	Vaccinated Long-term Residents	% Uptake LT Residents	Eligible Respite Residents	Vaccinated Respite Residents	Uptake Respite Residents
CHO1	6	278	273	98.2	2	2	100.0
CHO2	2	90	87	96.7	2	2	100.0
CHO3	13	549	535	97.4	16	7	43.8
CHO4	17	400	391	97.8	22	18	81.8
CHO5	1	60	57	95.0	0	0	-
CHO6	6	194	188	96.9	1	1	100.0
CHO7	12	869	801	92.2	4	1	25.0
CHO8	2	104	102	98.1	3	3	100.0
CHO9	8	460	444	96.5	2	1	50.0
Total	67	3004	2878	95.8	52	35	67.3

Figure 3.1 Percentage uptake of LTCF-based residents (long-term and respite) in **HSE run facilities** by Community Health Organisation, 2022-2023 Season, n=109 LTCFs

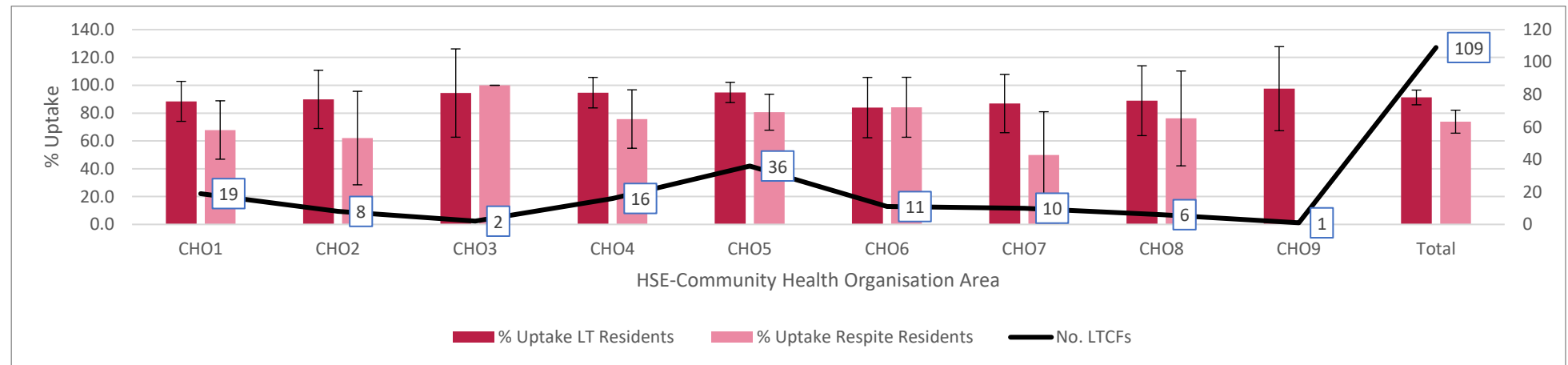


Figure 3.2 Percentage uptake of LTCF-based residents (long-term and respite) in **non-HSE run facilities** by Community Health Organisation, 2022-2023 Season, n=67 LTCFs

