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National Immunisation Office Strategic Plan 2024-2027

Item Type	Report
Authors	National Immunisation Office
Publisher	Health Service Executive
Rights	Attribution 4.0 International
Download date	2026-04-13 10:15:06
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Link to Item	https://hdl.handle.net/10147/643152



National Immunisation Office Strategic Plan 2024-2027



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Acronyms and Abbreviations

BCG	Bacillus Calmette-Guerin vaccine
CHO	Community Health Organisation
COVAX	National COVID-19 immunisation system electronic dataset
COVID-19	Coronavirus disease 2019
CVC	Community Vaccination Centre
DoH	Department of Health
ECDC	European Centre for Disease Prevention and Control
EMA	European Medicines Agency
EU	European Union
gbMSM	Gay, bisexual and men who have sex with men
GP	General Practitioner
Hib	Haemophilus Influenzae B vaccine
HIQA	Health Information and Quality Authority
HPRA	Health Products Regulatory Authority
HPSC	Health Protection Surveillance Centre
HPV	Human Papillomavirus
HSE	Health Service Executive
HSeLanD	HSE online learning portal
IA2030	Immunization Agenda 2030 (World Health Organization)
ICT	Information and communication technology
KPI	Key performance indicator
Men B	Meningococcal B vaccine
Men C	Meningococcal C vaccine
MenACWY	Meningococcal ACWY vaccine
MMR	Measles mumps and rubella vaccine
Mpox	Virus (formerly known as monkeypox)
NCCS	National Cold Chain Service
NHPSI	National Health Protection Service of Ireland
NIO	National Immunisation Office
NIIS	National Immunisation Information System
NIAC	National Immunisation Advisory Committee
PCV	Pneumococcal conjugate vaccine (given to babies)
PPV23	Pneumococcal polysaccharide vaccine (for at risk groups)
RHA	Regional health area
SIS	National School Immunisation System (school vaccines electronic dataset)
Tdap	Tetanus, diphtheria and acellular pertussis vaccine
VPD	Vaccine preventable diseases
WHO	World Health Organization

Acknowledgments

The National Immunisation Office (NIO) would like to thank Dr Ruth Ceannt, Specialist Registrar in Public Health Medicine for her work in the development of this strategy document.



Foreword

Dr Éamonn O'Moore

Director of National Health Protection,
National Health Protection Service of Ireland

I am very pleased to welcome the publication of this strategy from the National Immunisation Office (NIO), a pillar of our National Health Protection Service in Ireland. Immunisation is one of the most effective of all public health interventions, helping people of all ages live longer, healthier lives. The COVID-19 pandemic has reminded us of how important and how effective vaccines are in protecting our population from communicable diseases.

Our ambition is for Ireland to be among the countries with the highest vaccine coverage in Europe. Key to this, is having the best data available to us, to be able to identify where in our population immunisation coverage is suboptimal and where we need to focus and tailor our activities. The development of a National Immunisation Information System (NIIS) will ensure that we have the data we need and this strategy sets the implementation of a NIIS as a key objective.

Achieving equity in our immunisation programmes is clearly laid out as a priority in this strategy. The availability of the highest quality data is especially important if we are to achieve this, but equally important, are our partnerships with our stakeholders, including communities themselves, so that we understand barriers to vaccination and tailor our immunisation programmes to meet their needs, as this strategy lays out.

As the COVID-19 pandemic has shown, partnership with national and international organisations is crucial to achieving our objectives of high immunisation coverage as well as to ensuring that we can respond to outbreaks and emerging threats. Our collaboration with partners, including The National Immunisation Advisory Committee, the Health Products Regulatory Authority the European Centre for Disease Control and Prevention and the Health Emergency Preparedness and Response Authority of the EU will be key to achieving this strategy's objectives.

This strategy sets out the plan for the NIO's work over the next four years to achieve the aims of protecting our population from vaccine-preventable diseases. I look forward to working with our health protection teams, our colleagues in the HSE and our partners in health services and the community, to support and enable its implementation.

Foreword

Dr Lucy Jessop

Director of the National Immunisation Office
Consultant in Public Health Medicine - National Immunisation Lead



Our mission in the National Immunisation Office (NIO) is to ensure that everyone in Ireland benefits from immunisation. We strive to achieve equity and excellence in our public immunisation programmes and make sure that everybody has access to clear information they can trust, so that nobody is left behind. I am very pleased to present our strategy 2024-2027 which sets out a plan for us to achieve this.

The last few years have been challenging for our immunisation programmes. The COVID-19 pandemic vaccination programme was rolled out with high vaccine uptake and we developed new ways of working and established and strengthened relationships with our partners. But, since the pandemic, other issues have emerged: like in other countries, uptake of other vaccines namely the routine childhood immunisations has decreased. We have responded to new challenges such as Mpox and to global issues such as the movement of people to Ireland as a result of war and displacement. Meanwhile, high uptake of COVID-19 booster vaccines and influenza vaccines for our at-risk populations must remain our focus.

With this strategy, the NIO now plans to build on the experience of recent years and harness the achievements and the learning gained. We cannot do this alone and we rely on collaboration with all our partners to achieve the objectives of the strategy. Our multidisciplinary team in the NIO looks forward to working with our partners and our communities to ensure that the objectives of the strategy are met: that everyone in our community is protected from vaccine preventable diseases.

Background

Immunisation is recognised as one of the most effective public health interventions in the world, saving millions of lives every year.

The HSE National Health Protection Strategy 2022-2027, published in 2022, includes immunisation as key to achieving protection of the population in Ireland from communicable diseases. A defined objective of the strategy is to *'deliver a high level of prevention and control of vaccine-preventable diseases across population groups through immunisation programmes'*.

The strategy sets out seven priority actions to achieve this objective:

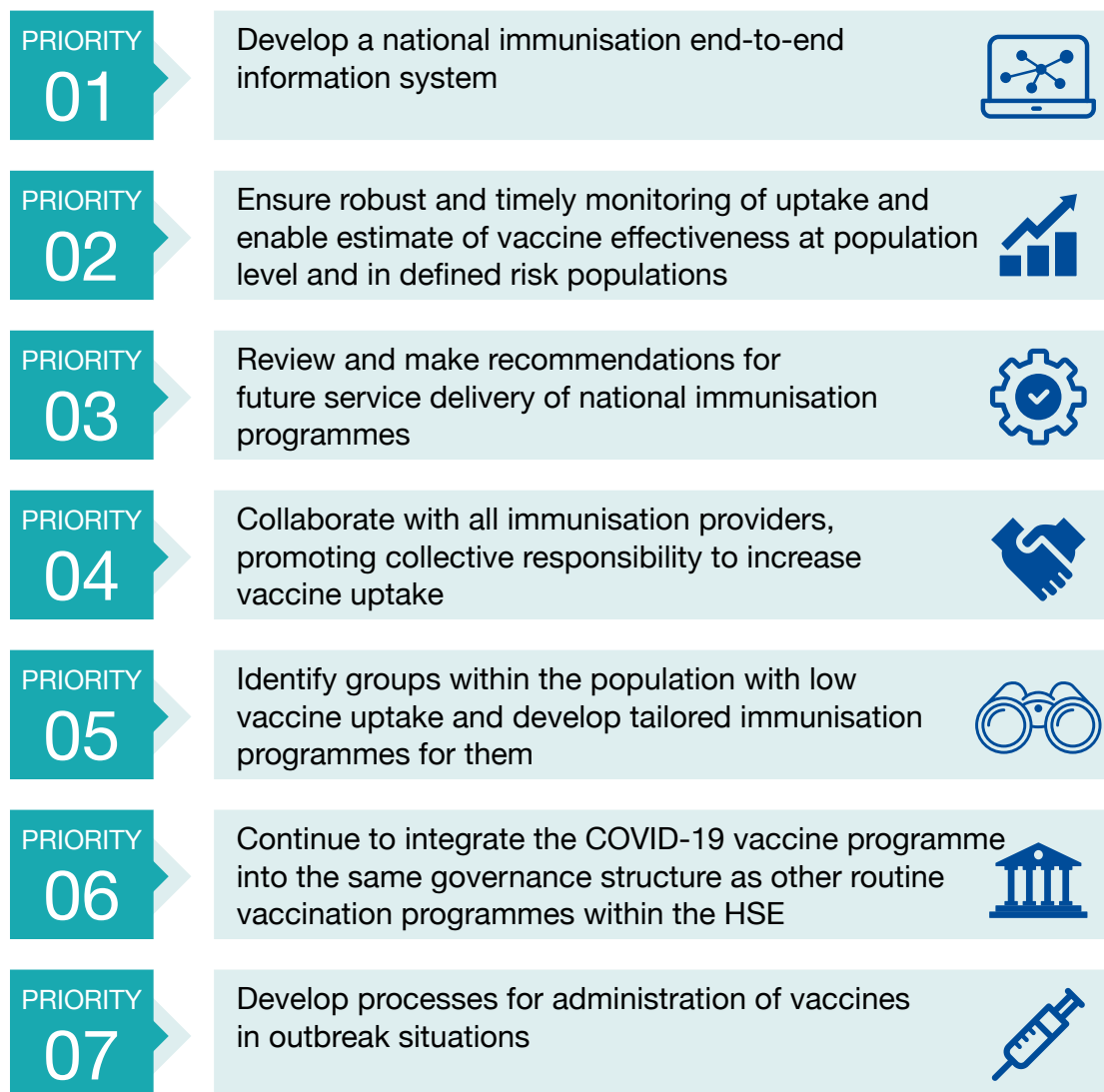


Figure 1: NIO seven priority actions 2024-2027

This National Immunisation Office Strategy 2024-2027 provides a framework for the delivery of these objectives, through national immunisation programmes, over the next four years.

The National Immunisation Office

The National Immunisation Office (NIO) was established in 2005 as the first national organisation to standardise immunisation programmes across Ireland. Prior to this, local areas organised their own programmes, leading to sometimes inconsistent vaccine schedules and public information and high vaccine costs.

The NIO is now one of the pillars of the HSE's National Health Protection Service and falls under the governance of The Director of the National Immunisation Office, The Director of National Health Protection, the National Director of Public Health and the Chief Clinical Officer.

The vision of the National Immunisation Office is as follows:

The entire population of Ireland is protected from vaccine preventable diseases across the life course, through the delivery of high quality, person-centred and equitable immunisation programmes.

The NIO is responsible for five core functions shown in figure 2 below.

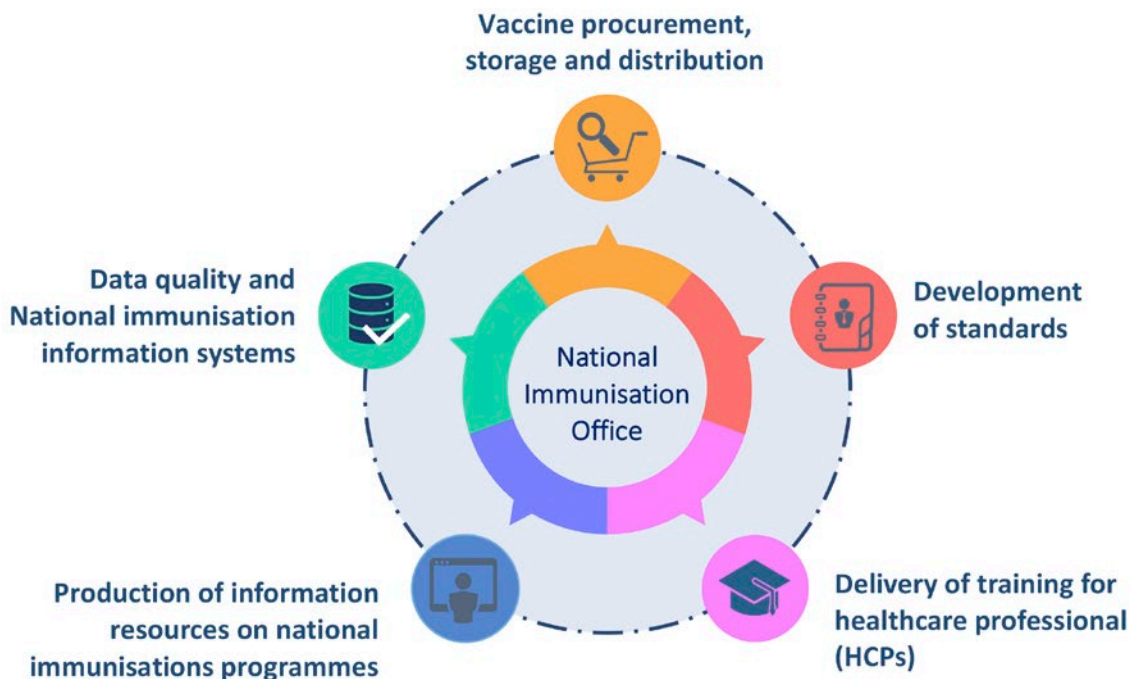


Figure 2: Responsibilities of the NIO

The NIO strives to ensure equity in immunisation programmes and works closely with partners with the aim of achieving this.

The NIO does not have clinical or operational governance over the delivery of immunisation services, but rather works in partnership with colleagues in the HSE and external stakeholders who deliver these services. HSE Community Healthcare Organisations (CHOs) are responsible for the delivery of immunisations in their respective areas, within the context of national frameworks and standardised models of care¹.

The shared public health and operational governance and oversight has been one of the important areas of success in the COVID-19 vaccine programme and this is now being extended to other programmes.

Immunisation services are delivered

- (a) directly by the CHO/Health Regions, as is the case for the schools immunisation programme, or
- (b) via contracted external providers such as GPs, who deliver the primary childhood immunisation programme and other programmes like influenza and COVID-19
- (c) HSE vaccination workforce for COVID-19 vaccines and for influenza vaccine programmes
- (d) community pharmacies - COVID-19 and influenza.

Since its establishment, the NIO has had a multidisciplinary team in place. With the advent of the COVID-19 pandemic vaccination programme, the NIO experienced a major expansion of its team from 8 in 2019 to 35 people at the time of writing in 2024.

¹ The establishment of regional health organisations (RHAs) due to be operational in 2024, means that governance for immunisation programmes will move from 9 CHOs to the 6 health regions.

Development of the NIO Strategy

This strategy was developed collaboratively by the multidisciplinary team within the National Immunisation Office (NIO). A workshop with NIO staff was held in June 2023 and nominal group technique was used to develop the vision and priorities for the NIO. The objectives are set out for each of the major programmes that the NIO works on, as well as cross-cutting functions, with the aim to deliver on the objectives of the national health protection strategy.

Consultation with HSE and Department of Health stakeholders was sought via an online survey.

The current major publicly-funded national immunisation programmes and the supporting cross cutting functions of the National Immunisation Office are shown below.

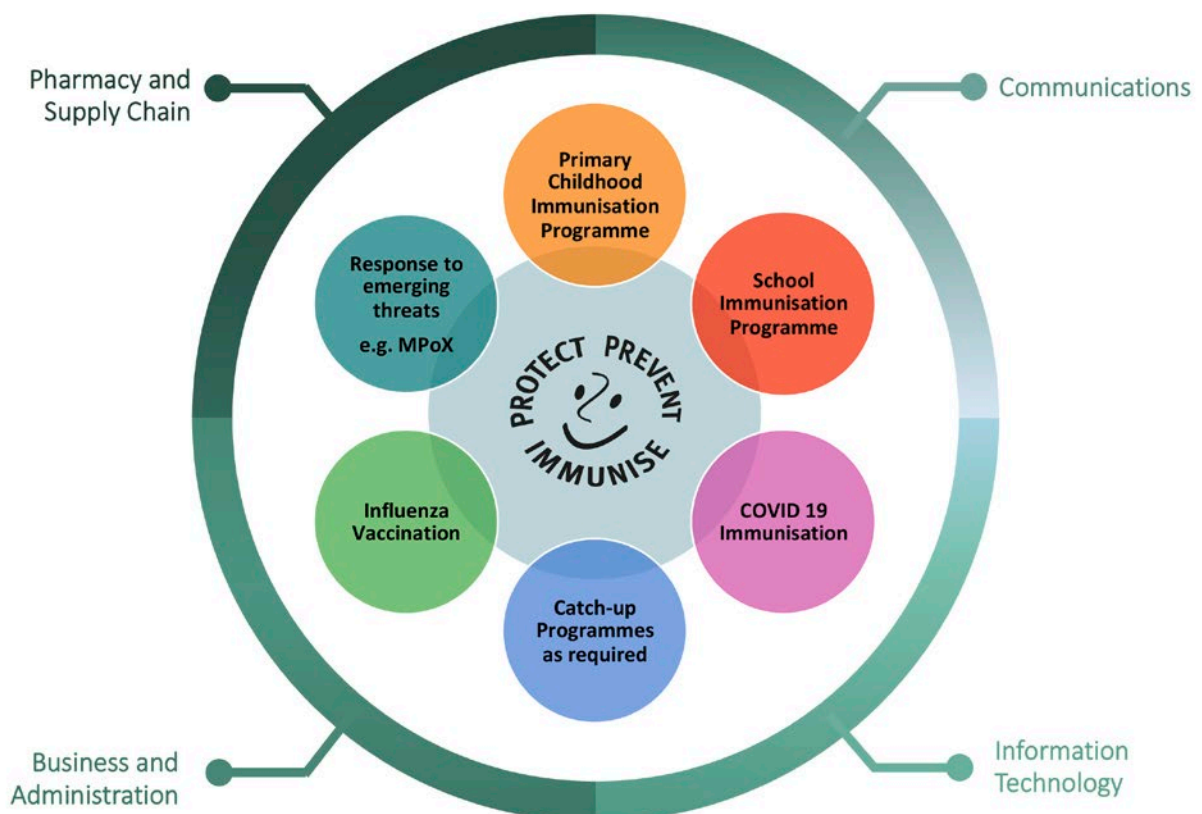


Figure 3: Current major publicly-funded immunisation programmes and the supporting cross-cutting functions of the National Immunisation Office

Objectives

Objective 1

Childhood Immunisations:

Facilitate achievement of 95% uptake of all childhood vaccines across the country

Where are we now?

- ▶ Information available from existing regional systems suggests that uptake has declined across all childhood vaccines to well below the World Health Organization's 95% target.
- ▶ There is no national immunisation information system in place to record vaccine uptake at a national level nor identify specific groups with low uptake.
- ▶ GPs are contracted by CHOs to deliver the primary childhood immunisation schedule (PCI). CHOs are responsible and accountable for the delivery of immunisation services in their respective areas².
- ▶ Infants are vaccinated at 2, 4, 6, 12 and 13 months.
- ▶ In some areas, there is no GP capacity to immunise children who are refugees and applicants seeking protection. HSE immunisation teams from CHOs are responsible for the delivery of childhood immunisations, including catch-up immunisations in these circumstances.

Priorities

- ▶ Collaborate with all immunisation providers and child health professionals, promoting collective responsibility to achieve the 95% uptake target for all recommended childhood vaccines.
- ▶ Strengthen collaboration with Primary Care Contractors as key partners in delivering childhood immunisation, working with National Services and Regional Health Areas.
- ▶ Integrate new vaccine programmes into the existing schedule for babies born on or after 1st October 2024 as directed by the National Immunisation Advisory Committee (NIAC) and the Department of Health.

² Governance will transfer from CHOs to Regional Health Areas (RHAs) in 2024

- ▶ Strengthen and maintain strong partnerships with HSE National Social Inclusion Office, Public Health Nursing, community representative groups and other stakeholders. Together, identify groups and communities in the population with low vaccine uptake and the barriers to uptake, focusing on equity. Carry out surveys and research to inform this work and work collaboratively to tailor immunisation programmes to reach these groups.
- ▶ Strengthen partnerships with regional departments of Public Health. Support them in their work with their CHO/RHA partners, public health nurses, GPs and communities, to identify barriers and enablers to immunisation in their region and in their work to increase vaccine uptake.
- ▶ Collaborate with stakeholders to strategically review immunisation services in Ireland, including current delivery of the primary childhood immunisation programme and explore service level agreements and measurable key performance indicators (KPIs).

Objective 1 Key Performance Indicators

- Collaborate with stakeholders to facilitate achievement of 95% uptake of all childhood immunisations.
- By end Q3 2024, NIO will implement the NIAC-recommended changes to the primary childhood immunisation PCI programme in line with Department of Health (DoH) policy.
- By Q4 2024, commence review of immunisation programmes with immunisation providers and HSE stakeholders to clarify governance and responsibility, both at RHA and national level and identify where tailored service level agreements (SLAs) are required.
- During 2024-25, national immunisation programmes will be reviewed within the new structure of HSE health regions and National Services to ensure they are person-centred with clear roles and responsibilities for all involved.
- By end of Q4 2024, the National Immunisation Office will work with the ESRI to conduct research into vaccine acceptance and hesitancy to inform specific vaccine plans going forward.

Objectives (continued)

Objective 2

Schools Immunisations:

Facilitate achievement of 95% uptake of school delivered vaccines. Meet WHO targets for HPV for cervical cancer elimination

Where are we now?

- ▶ Vaccines are delivered by the schools immunisations teams from CHOs, mostly in the school setting.
- ▶ Children in Junior Infants are offered the 4-in-1 and MMR vaccines, with the exception of children attending schools in Sligo, Leitrim and Donegal who are vaccinated by GPs.
- ▶ Students in first year of second level schools are offered HPV, Tdap and MenACWY vaccines.
- ▶ Information on school immunisations, and a consent form is brought home by school children. Parents provide written consent which is returned to school. The school then returns the consent forms to the CHO school immunisation teams.

Priorities

- ▶ Work with stakeholders to facilitate achievement of the WHO target of 95% vaccine coverage for the 4-in-1, MMR, Tdap and MenACWY vaccines.
- ▶ Work with stakeholders to meet the WHO cervical cancer elimination target of 90% of girls vaccinated against HPV by 15 years of age and maximise uptake in boys.
- ▶ Include live attenuated influenza vaccine (LAIV) in the schools immunisation programme for all children in primary school in line with funding provided.
- ▶ Work with HSE colleagues in RHAs to establish clear governance and responsibility for immunisation programmes established both at RHA and national level, building on the strong collaborative links between public health and operations developed in the COVID-19 vaccine programme.
- ▶ Work with stakeholders to ensure all children in Ireland, regardless of what county they live in, are offered immunisations in a school setting, to maximise uptake and deliver equity.

- ▶ Ensure agreements and processes are in place with the Department of Education, which facilitate vaccination of students in schools, including the identification of students who have not been vaccinated.
- ▶ Prioritise equity in the schools immunisation programme. Identify groups within the population with low vaccine uptake. Work collaboratively with other stakeholders including communities and HSE social inclusion to maximise uptake in these groups.
- ▶ Strengthen partnerships with regional departments of Public Health. Support them in their work with their RHA partners and communities, to identify barriers and enablers to immunisation in their region and their work to increase vaccine uptake.

Objective 2 Key Performance Indicators

- Work with stakeholders to facilitate achievement of 95% uptake of vaccines that are delivered in schools.
- Work with stakeholders to achieve 90% uptake of HPV vaccine in females, to achieve the WHO target.
- All children in primary school are offered live attenuated influenza vaccine (LAIV) in the school setting in line with available funding.
- During 2024/25, as part of the strategy implementation, the national immunisation programmes will be reviewed in collaboration with stakeholders within the new structure for HSE health regions to ensure they are person-centred with clear governance, roles and responsibilities for all involved.
- By Q3 2024, commence review of immunisation programmes with immunisation providers and HSE Access and Integration to clarify governance and responsibility and identify where tailored service level agreements (SLAs) are required.
- By end of Q4 2024, the National Immunisation Office will work with the ESRI to conduct research into vaccine acceptance and hesitancy to inform specific vaccine plans going forward.

Objectives (continued)

Objective 3

Adult Immunisations including influenza (for both adults and children):

- 1) Collaborate with stakeholders to increase uptake of the flu vaccine in all eligible groups to 75%.
- 2) Collaborate with stakeholders to increase uptake of vaccines in pregnancy and of pneumococcal polysaccharide vaccine (PPV23) in all eligible groups.
- 3) Investigate the feasibility of establishing programmes for high risk adult populations in line with DoH policy and funding (e.g. gay, bisexual and men who have sex with men (gbMSM)).

Where are we now?

- ▶ Influenza vaccination programme in place with high uptake in people aged 65 years and older and with good access to the vaccine via GPs and retail pharmacies.
- ▶ Established PPV23 programme through GPs.
- ▶ Pertussis vaccination in pregnancy is in place but funding is not within the maternity and infant care scheme, nor as part of an immunisation contract. Administration of payments are via local public health departments under an outbreak code.
- ▶ Vaccines for gbMSM populations (HPV and hepatitis) are delivered in sexual health clinics, however, a specific dedicated national immunisation programme is not in place.

Priorities

- ▶ Work collaboratively with stakeholders to achieve high uptake of recommended vaccines in eligible groups; focus on identifying groups with sub-optimal uptake and work with stakeholders to achieve equity in vaccine uptake for all.
- ▶ Collaborate with other stakeholders to achieve high uptake of Influenza and COVID-19 vaccines in health and care workers.

- ▶ Investigate the feasibility of establishing formalised national programme for vaccines in pregnancy and gbMSM and other at-risk groups with sustainable funding for the programmes in line with Department of Health policy and funding availability.
- ▶ Advocate for and work with stakeholders to improve access to vaccines for all eligible populations focusing on those at highest risk and who are most vulnerable.
- ▶ Endeavour to have access to accurate data on uptake to enable programmatic priority definition in real time, and timely reporting and assurance to the CEO and Board of the HSE.

Objective 3 Key Performance Indicators

- Work with stakeholders towards achievement of the WHO recommended target of 75% uptake of influenza vaccine in people aged 65 years and older.
- Work with stakeholders towards the achievement of the WHO recommended target of 75% uptake of influenza vaccine in health and care workers.
- Increase uptake of vaccines in each eligible cohort where uptake has not reached international targets.
- During 2024/25 as part of the strategy implementation, the national immunisation programmes will be reviewed within the new structure for HSE health regions and National Services to ensure they are person-centred with clear governance, roles and responsibilities for all involved.
- By Q4 2024, commence review of immunisation programmes with immunisation providers, HSE Access and Integration and National Services to clarify governance and responsibility and identify where tailored service level agreements (SLAs) are required.

Objectives (continued)

Objective 4

COVID-19 Vaccination Programme:
Process for COVID-19 vaccines and other national immunisation programmes will become more integrated where possible

Where are we now?

- ▶ COVID-19 is no longer classified as a PHEIC (public health emergency of international concern) but remains a significant public health issue.
- ▶ The future of COVID-19 disease is unclear but the health service must remain prepared.
- ▶ The National Health Protection Service has returned from emergency response to COVID-19 to business as usual.
- ▶ In 2023 and 2024 NIAC has made recommendations for a larger cohort of eligible people for COVID-19 booster vaccines in autumn and a smaller programme targeted at the most at risk in spring. It is unclear going forward if the COVID-19 vaccine programme will continue to deliver boosters once or twice a year.

Priorities

- ▶ COVID-19 vaccine supply and distribution to be managed by the NIO as the lead agency for vaccine supply chain management.
- ▶ Eligible populations, those most at risk and vulnerable groups in particular are up to date with vaccines in line with the NIAC recommendations.
- ▶ COVID-19 vaccines are made easily available and convenient in order to maximise uptake and are offered in conjunction with the seasonal influenza vaccine where appropriate.
- ▶ Healthcare workers are offered COVID-19 vaccine in the workplace alongside influenza vaccine to maximise uptake.

Objective 4 Key Performance Indicators

- By Q4 2024, the National Immunisation Office will work with the COVID-19 test, trace and vaccine lead to bring the COVID-19 vaccine programme into the routine vaccination governance structures as much as possible.
- 75% of people aged 65 years and older have received COVID-19 booster doses in line with autumn 2024 NIAC recommendations.
- More than 50% of Healthcare workers and people who are immunocompromised aged >12 years and older, have received COVID-19 booster doses in line with autumn 2024 NIAC recommendations.

Objectives (continued)

Objective 5

Resilience and Emerging Threats:
To establish processes for administration of vaccines in outbreak and emerging threat situations

Where are we now?

- ▶ Emerging from the COVID-19 pandemic.
- ▶ Responding to other unexpected challenges such as Mpox and measles resurgence.
- ▶ Some barriers have been overcome with key learning which may facilitate future responses.
- ▶ There is no formalised process for administration of vaccinations in the event of an outbreak or new threat.
- ▶ Horgan review being undertaken in 2024 regarding an emergent threats programme/agency in Ireland.

Priorities

- ▶ Work with key stakeholders to support the establishment of a sustainable and responsive process for the delivery of vaccinations as part of outbreak response with national coverage.
- ▶ Work with key stakeholders to support the development of systems that are flexible and can be scaled up and down in response to need, at scale and at pace.
- ▶ Work with key stakeholders to support the exploration of service level agreements with publically funded, voluntary and statutory agencies with the capability for vaccination.
- ▶ Work with partners to establish community networks to build trust in vaccination and in the health service.
- ▶ Respond to any recommendations from Horgan review as appropriate.
- ▶ Work with RHA's as key partners in the delivery of immunisations to protect their populations.

Objective 5 Key Performance Indicators

- Process in place for the delivery of vaccinations as part of outbreak response with national coverage, with agreed governance and responsibility for vaccination in place.
- Lessons learnt from COVID-19 and other past public health emergencies are incorporated in Department of Health and HSE emergency planning.
- Public trust in the HSE and HSE sources of healthcare information is maintained.

Objectives (continued)

Objective 6

Data and Information Technology: Develop a National Immunisation Information System

Where are we now?

- ▶ Multiple vaccination systems servicing different programmes, e.g. COVAX which records COVID-19 and Influenza vaccines, the Schools Immunisation System which records vaccines administered as part of the schools immunisation programme, as well as HPV catch-up.
- ▶ There is no national system for primary childhood immunisations.
- ▶ Multiple regional systems exist recording primary childhood immunisations, which are not standardised, and therefore only aggregate reporting is available on vaccine uptake.
- ▶ A new expanded data quality/ICT team with NIO.
- ▶ National Immunisation Information System work is moving into the development phase.

Priorities

- ▶ Work in collaboration with others on the design, configuration and roll-out of the procured National Immunisation end-to-end Information System (NIIS).
- ▶ Ensure all historic data from publicly funded national immunisation programmes is included in a National Immunisation Information System.
- ▶ Reconfigure/update existing systems managed by the NIO to take account of RHA changes.
- ▶ Ensure the NIIS system facilitates robust and timely monitoring of vaccine uptake in each RHA, and allows identification of groups within the population with low or sub-optimal uptake.
- ▶ Ensure integration of vaccinations administered in primary care into a new NIIS system.
- ▶ Ensure NIIS system delivers timely reporting on immunisation uptake to provide assurance to the Department of Health and Board of the HSE.
- ▶ Continue data management with an improved data quality cycle increasing the reliability and availability of vaccination data.

- ▶ Develop stronger links with the HPSC to enable a data flow process for national vaccine uptake reporting by the HPSC.
- ▶ Continue to collaborate with HPSC to ensure monitoring of vaccine effectiveness; harness the implementation of the NIS for further opportunities for collaboration.
- ▶ Collaborate with Department of Education to allow identification of cohorts of children to improve school immunisation uptake.

Objective 6 Key Performance Indicators

- By Q3 2024, the NIO, and National Health Protection Service of Ireland (NHPSI), working with the National Director of Public Health and other teams in the HSE will design product specifications for a new National Immunisation Information System.
- By Q4 2024, procurement process will be launched to purchase an appropriate system from qualified service providers.
- In 2024 and 2025, work to install and begin using the new system, timing dependent on the outcome of the procurement process.

What We Need to Deliver These Objectives

- ▶ A strategic review of the current vaccination system in Ireland, including of governance, responsibility, vaccinator workforce and of service delivery.
- ▶ Department of Health policy and collaboration to support the strategy.
- ▶ Support and commitment from HSE leadership and a supportive culture across the HSE, including RHAs as key partners in the delivery and management of immunisation programmes at local level to protect their populations.
- ▶ Service level agreements and monitored key performance indicators (KPIs) for all national immunisation programmes.
- ▶ Regular immunisation uptake reports to the HSE Board and CEO to provide assurance and oversight.
- ▶ A strong and sustainable vaccinator workforce.
- ▶ A strong partnership with general practice supporting expanded GP capacity to deliver vaccinations in primary care.
- ▶ A GP contract which is inclusive and adaptable so that it can absorb new vaccine programmes and changes to programmes.
- ▶ Sufficient, stable and sustainable funding to deliver immunisation programmes, including of a sustainable vaccinator workforce and of supporting functions such as Information Systems.
- ▶ Strong relationships with stakeholders including area public health departments, GPs, practice nurses, community pharmacists, public health nurses, RHAs, HSE vaccination and social inclusion teams, and non-governmental and community representative organisations.
- ▶ Awareness of any expanded role of pharmacists with regards to immunisation.
- ▶ A strong relationship with the education sector to ensure processes are in place to facilitate vaccination in the school setting, maximise uptake of school-delivered immunisations, address inequity in uptake and ensure equity in immunisations programmes, as well as improve health literacy.

- ▶ The implementation of a National Immunisation Information System. Strong relationships with operational, clinical, technical, and business stakeholders within the HSE together with leadership and dedicated resourcing which will be key to the success of the NIIS project. Support, in the form of system resources from IIS/eHealth to enable the NIO data platform to meet its objectives in this strategy.
- ▶ A commitment to equity in the delivery of immunisation programmes to everyone, including to those from underserved communities. Collaboration and partnership with stakeholders, communities and the public to identify groups with low or suboptimal uptake, and maximise immunisation uptake for all communities to ensure equity, including those who are most vulnerable.
- ▶ Comprehensive and innovative communication campaigns effectively targeted at eligible groups including patient advocates where appropriate.
- ▶ A research focus to identify groups with low uptake, and identify barriers and enablers to increase and sustain immunisation coverage with the aim to ensure equity in immunisation programmes.
- ▶ A multidisciplinary team within the NIO whose well-being is prioritised, that is responsive and engaged to deliver across all programmes and cross-cutting functions of the office.
- ▶ Full complement of sanctioned staff.

Next Steps

The development of this strategy is an important step for the NIO, ensuring that there is a clear pathway and direction for its work over the next four years.

The next steps will include developing an implementation plan for the delivery of these objectives, with roles and responsibilities assigned, and engaging with stakeholders so that these objectives can be met.

It is planned to review the progress with the implementation of the strategy annually.

Published by the HSE National Immunisation Office

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September 2024

