Minister Donnelly announces update to Vaccine Allocation Strategy

From Department of Health

Published on 23 February 2021

Last updated on 23 February 2021

The Minister for Health, Stephen Donnelly TD has today announced an update to Ireland's COVID-19 Vaccine Allocation Strategy.

The government approved the Provisional Vaccine Allocation Strategy on 8 December last year. It was noted at the time that the Strategy would be kept under review and amended as a result of changes to existing evidence and/or the epidemiological situation.

Minister Donnelly said:

"Our COVID-19 Vaccination Programme has always been built on fairness and to ensure that those with the highest risk of severe disease and death were prioritised for vaccines when supplies were limited. This is why the focus has been on those living in nursing homes and our older people in the community.

"The National Immunisation Advisory Council (NIAC), in conjunction with my department, have recommended revising the Vaccine Allocation Strategy. The National Public Health Emergency Team (NPHET) endorsed the recommendations and today they have been approved by Government.

"The primary aim of Ireland's COVID-19 Vaccine Allocation Strategy remains the same. We are continuing to vaccinate those who are most likely to suffer severe disease and sadly, death, as a result of contracting COVID-19. The changes we are making are based on the latest clinical and medical advice that those we are moving up the list would suffer the worst outcomes if they were to get the disease."

In comprising the initial Vaccine Allocation Strategy, the NIAC listed several conditions associated with increased risk of severe disease and death.

In the intervening period, national and international evidence has become available which has enabled a more detailed analysis of underlying conditions that may increase the risk of developing severe disease or death.

NIAC has now been able to more comprehensively identify those medical conditions and to distinguish between those which place a person at very high or high risk of severe disease if they contract the virus.

Medical conditions and the magnitude of the risk they pose will continue to be monitored and periodically reviewed.

Minister Donnelly said:

"Accelerating the vaccination of those with certain pre-existing conditions is consistent with the advice given to Member States by the ECDC.

"It also upholds the principles of minimising harm and fairness that underpin Ireland's COVID-19 Vaccination Programme by aiming to reduce the disproportionate burden those with underlying conditions face in terms of adverse outcomes from COVID-19.

"The NIAC continues to monitor data around this disease and indeed emerging data on effectiveness of vaccines on a rolling basis."

Notes

- the proposed changes to the Vaccination Allocation Strategy are consistent with the overall aim of the vaccination programme which is to reduce morbidity and mortality, thereby protecting the healthcare system
- those aged 16-69 with a medical condition that puts them at very high risk of severe disease and death will be Cohort 4 and be vaccinated directly after those aged ≥70 and living in the community
- Cohort 5 will consist of those aged between 65 and 69 whose underlying condition puts them at a high risk of severe disease and death
- Cohort 6 will comprise those aged 65-69. They will be vaccinated alongside healthcare workers who are not in a patient facing role. Key workers essential to the vaccine programme will also be included in this cohort
- Cohort 7 will consist of those aged 16-64 who have an underlying condition that puts them at high risk of severe disease and death
- NIAC has also recommended that while any of the three currently authorised vaccines can be given to adults aged 16-69, mRNA vaccines should be preferentially given to those aged 16-69 years at very high or high risk who have certain medical conditions which may limit their immune response to the vaccine
- preferential selection of an mRNA vaccine should not result in a vaccine delay of more than 3 weeks, as any benefit of using a higher efficacy vaccine may be lost

New Cohort 4

Those aged 16-69 and at very high risk of severe COVID-19 disease.

Cancer

All cancer patients actively receiving (and/or within 6 weeks of receiving) systemic therapy with cytotoxic chemotherapy, targeted therapy, monoclonal antibodies or immunotherapies and radical surgery or radiotherapy for lung or head and neck cancer.

All patients with advanced/metastatic cancers.

Chronic kidney disease

Chronic kidney disease, on dialysis, or eGFR <15 ml/min.

Chronic neurological disease or condition

Chronic neurological disease or condition with evolving ventilatory failure (requiring non-invasive ventilation), for example: motor neurone disease, spinal muscular atrophy.

Chronic respiratory disease

Chronic severe respiratory disease, for example: severe cystic fibrosis, severe COPD, severe pulmonary fibrosis.

Diabetes

Uncontrolled diabetes, for example: HbA1C ≥58mmol/mol.

Immunocompromised

Severe immunocompromise due to disease or treatment, for example, Transplantation: - Listed for solid organ or haematopoietic stem cell transplant (HSCT) - Post solid organ transplant at any time - Post HSCT within 12 months Genetic diseases: - APECED** - Inborn errors in the interferon pathway Treatment: - included but not limited to Cyclophosphamide, Rituximab, Alemtuzumab, Cladribine or Ocrelizumab in the last 6 months.

Inherited metabolic diseases*

Disorders of intermediary metabolism/at risk of acute decompensation, for example: Maple Syrup Urine Disease.

Intellectual disability*

Down Syndrome.

Obesity

BMI >40 Kg/m2.

Sickle cell disease*

New Cohort 5

Those aged 65-69 and at high risk of severe COVID-19 disease.

Revised Cohort 7

Those aged 16-64 and at high risk of severe COVID-19 disease.

Cancer

Haematological - within 1 year.

Haematological - within 1 - 5 years.

Non-haematological - within 1 year.

All other cancers on non-hormonal treatment.

Chronic heart (and vascular) disease

Chronic heart disease, for example: heart failure, hypertensive cardiac disease.

Chronic kidney disease

Chronic kidney disease with eGFR <30ml/min.

Chronic liver disease

Chronic liver disease, for example: cirrhosis or fibrosis.

Chronic neurological disease or condition

Chronic neurological disease or condition significantly compromising respiratory function and/or the ability to clear secretions, for example: Parkinson's disease, cerebral palsy.

Chronic respiratory disease

Other chronic respiratory disease, for example: stable cystic fibrosis, severe asthma (continuous or repeated use of systemic corticosteroids), moderate COPD.

Diabetes

All other diabetes (Type 1 and 2).

Immunocompromised

Immunocompromise due to disease or treatment, for example: high dose systemic steroids (as defined in Immunisation Guidelines for Ireland Chapter 3), persons living with HIV.

Inherited metabolic diseases*

Disorders of intermediary metabolism not fulfilling criteria for very high risk.

Intellectual disability*

Intellectual disability*** excluding Down Syndrome.

Obesity

BMI >35 Kg/m2.

Severe mental illness*

Severe mental illness, for example: schizophrenia, bipolar disorder, severe depression.

*additional or updated medical conditions

** APECED - autoimmune polyendocrinopathy candidiasis ecto- dermal dystrophy

*** WHO definition of intellectual disability as “impairments in adaptive, social, and intellectual functioning (IQ<70), requiring daily support, with onset in the developmental phase (<18 years)”

New Cohort 6

These groups will be completed in parallel.

Group	Rationale
All others aged 65-69	At high risk of hospitalisation and death
Other Healthcare Workers not in direct patient contact	Provide essential health services, protect patients
Workers key to the vaccination programme	Provide services essential to the vaccination programme