

# Provisional Vaccine Allocation Groups

From [Department of Health](#)

Published on 8 December 2020

Last updated on 31 March 2021

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The COVID-19 Vaccine Allocation Strategy sets out a provisional priority list of groups for vaccination once a safe and effective vaccine(s) has received authorisation from the European Medicines Agency (EMA).

The Strategy was developed by the National Immunisation Advisory Committee (NIAC) and Department of Health, endorsed by the National Public Health Emergency Team (NPHE), and approved by Government on 8 December 2020. On Tuesday 30 March, the government approved an update to the COVID-19 Vaccination Allocation Strategy. The move to an allocation strategy focused largely on evidence of clinical risk – that is age and medical conditions – will make Ireland’s vaccination programme more efficient, more transparent and fairer.

While vaccine supply is constrained, this strategy sets out the groups to be prioritised for vaccination to best achieve the vaccination programme’s objectives of preventing serious illness, hospitalisation and death. It is based on clinical, scientific and ethical frameworks and evidence produced by the National Immunisation Advisory Committee and the Department of Health. The latest advice from NIAC can be found [here](#).

## Your quick guide to the provisional vaccine allocation groups

This is the provisional order in which people in Ireland will be vaccinated against COVID-19.

<sup>1</sup> People aged 65 years and older who are residents of long-term care facilities (likely to include all staff and residents on site)

- 2 Frontline healthcare workers
- 3 People aged 70 and older
- 4 People aged 16-69 with a medical condition that puts them at very high risk of severe disease and death
- 5 People aged 65-69 whose underlying condition puts them at a high risk of severe disease and death
- 6 Other people aged 65-69 and key workers essential to the vaccine programme
- 7 People aged 16-64 who have an underlying condition that puts them at high risk of severe disease and death
- 8 Residents of long-term care facilities aged 16-64
- 9 People aged 64 years and younger, and people aged 16-64 living or working in crowded settings (in parallel)

## **Adults aged $\geq 65$ years who are residents of long-term care facilities**

Consider offering vaccination to all residents and staff on site.

### **Rationale**

At greatest risk of severe illness and death.

In Ireland, in the first wave of COVID-19, 56% of deaths occurred in this setting.

## **Frontline healthcare workers**

Frontline healthcare workers (HCWs)\* in direct patient contact roles (including vaccinators) or who risk exposure to bodily fluids or aerosols and those providing services essential to the vaccination programme.

### **Rationale**

At very high or high risk of exposure and/or transmission. In the first wave over 30% of cases were in healthcare workers.

## **People aged 70 and older**

In the following order: 85 and older, 80-84, 75-79, 70-74.

### **Rationale**

At higher risk of hospitalisation and death.

## **People aged 16-69 with a medical condition that puts them at very high risk of severe disease and death**

## **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**

Diabetes and HbA1C  $\geq 58$ mmol/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/m<sup>2</sup>.

## **Sickle cell disease\***

# **People aged 65-69 whose underlying condition puts them at a high risk of severe disease and death**

## **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/m<sup>2</sup>.

### **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)”

## **Other people aged 65-69 and key workers essential to the vaccine programme**

These groups will be completed in parallel.

### **Other people aged 65-69**

#### **Rationale**

At high risk of hospitalisation and death.

#### **Ethical Principles**

By protecting those at greatest risk of poor outcomes from the disease the principle of minimising harm is upheld.

### **Key workers essential to the vaccine programme**

#### **Rationale**

Provide services essential to the vaccination programme.

## **People aged 16-64 who have an underlying condition that puts them at high risk of severe disease and death**

## **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**

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## **Residents of long-term care facilities aged 16-64**

### **Rationale**

High risk of transmission.

## **People aged 64 years and younger, and people aged 16-64 living or working in crowded settings (in parallel)**

In the following order:

- 64-55 years
- 54-45 years
- 44-35 years
- 34-25 years
- 24-16 years