



## Seasonal Influenza & COVID-19 Vaccine Uptake in HCWs and Fair Deal Residents

For 2023/2024, 2024/2025 and 2025/2026 Seasons

Report produced: August 2026

### Contents

|                                                                                |    |
|--------------------------------------------------------------------------------|----|
| Summary.....                                                                   | 2  |
| Introduction.....                                                              | 3  |
| NIAC recommendations .....                                                     | 3  |
| Data sources .....                                                             | 4  |
| HCWs .....                                                                     | 4  |
| Fair Deal Residents .....                                                      | 4  |
| Objectives .....                                                               | 4  |
| Methodology .....                                                              | 5  |
| HCWs .....                                                                     | 5  |
| HSE only HCW analysis .....                                                    | 5  |
| HPSC surveys .....                                                             | 5  |
| Fair Deal Residents .....                                                      | 5  |
| Results .....                                                                  | 6  |
| HCWs .....                                                                     | 6  |
| Seasonal influenza vaccination .....                                           | 6  |
| COVID-19 vaccination .....                                                     | 7  |
| Fair deal resident in RCFs .....                                               | 8  |
| Seasonal influenza vaccination .....                                           | 8  |
| COVID-19 vaccination .....                                                     | 9  |
| Acknowledgements .....                                                         | 10 |
| Appendices .....                                                               | 10 |
| Appendix 1 Methodology of HSE only HCW vaccination uptake analysis .....       | 10 |
| Appendix 2 Methodology of HPSC HCW-based surveys .....                         | 11 |
| Appendix 3 Methodology of Fair Deal resident vaccination uptake analysis ..... | 11 |



## Summary

This report focuses on the uptake of both the seasonal influenza and COVID-19 vaccines among health care workers (HCWs) and among Fair Deal residents based in residential care facilities (RCFs) over the durations of the 2023/2024, 2024/2025 and 2025/2026 vaccination seasons. Among the keys findings of this report include:

### *HCWs and Seasonal influenza vaccination*

- In general, uptake among HCWs in recent seasons falls well below the current 75% (key performance indicator (KPI) national target
- Among HSE only HCWs, uptake of the influenza vaccine between the 2023/2024 and 2024/2025 Winter campaigns fell from 37.2% to 32.0% before rising again to 34.6% in the 2025/2026 Winter campaign
- Over the same period of time, this trend was also observed in HPSC surveys of hospital-based and RCF-based HCWs in public healthcare facilities
  - For hospital-based HCWs, uptake levels were generally higher, falling from 50.8% to 45.4% then increasing to 53.0%
  - For RCF-based HCWs, uptake decreased from 42.2% to 32.2% before increasing again to 42.9%
  - Among the factors which may account for the marked differences observed in uptake between HSE only HCW analyses and that of the HPSC surveys include
    - Different methodologies, particularly in the counting of eligible staff
    - Possible reporting bias by those healthcare facilities completing surveys
    - Timing with which survey returns are submitted
    - Access by local managers to their own staff details and the use of multiple data sources

### *HCWs and COVID-19 vaccination*

- Uptake was broadly half that of the seasonal influenza vaccine and a decline between the 2023/2024 and 2025/2026 Winter campaigns from 18.6% to 8.6% was observed, which also coincided with a time when NIAC did not recommend the vaccine to HCWs for the 2025/2026 Winter campaign (unless they fell into another at risk cohort)

### *Fair Deal residents in RCFs and Seasonal influenza vaccination*

- Uptake of the vaccine was consistently high in this cohort over the past three Winter campaigns and exceeded the set national target of 75%. A slight decline in uptake was observed over this period of time

### *Fair Deal residents in RCFs and COVID-19 vaccination*

- Uptake of this vaccine was generally lower compared to the seasonal influenza vaccine, but similarly, a downward trend was also observed over the course of the last three Winter campaigns
- Uptake during the Winter campaigns was generally similar to that of the subsequent Spring campaigns



## Introduction

This report presents seasonal influenza and COVID-19 vaccine uptake results among health care workers (HCWs) and among Fair Deal residents in residential care facilities (RCFs) over the past three vaccination seasons, 2023/2024, 2024/2025 and 2025/2026.

Unlike the influenza vaccine, which is usually administered from week 40 in one year to week 20 of the next, the COVID-19 vaccine is administered over the course of two campaigns which are in parallel with the longer influenza campaign each year:

- ‘Winter campaign’ begins at the same time as the influenza campaign in mid-September and ends at the end of February the following year
- ‘Spring campaign’ usually starts officially in April and ends in June

Details of the start and end dates of the COVID-19 Winter and Spring vaccination campaigns are presented in Table 1.

**Table 1.** Details of start and end dates of the 2023/2024, 2024/2025 and 2025/2026 Winter and 2024, 2025 and 2026 Spring COVID-19 vaccination campaigns.

| Vaccination Campaign* |                                     |                          |
|-----------------------|-------------------------------------|--------------------------|
| Winter                | Official Start Date (Calendar Week) | End Date (Calendar Week) |
| Winter 2023/2024      | 02/10/2023 (Week 40)                | 18/02/2024 (Week 8)      |
| Winter 2024/2025      | 16/09/2024 (Week 38)                | 28/02/2025 (Week 9)      |
| Winter 2024/2025      | 15/09/2025 (Week 38)                | 28/02/2026 (Week 9)      |
| Spring                | Official Start Date                 | End Date                 |
| Spring 2024           | 21/04/2024 (Week 17)                | 30/06/2024 (Week 27)     |
| Spring 2025**         | 02/04/2025 (Week 14)                | 20/06/2025 (Week 25)     |
| Spring 2026           | 13/04/2026 (Week 16)                | 27/06/2026 (Week 26)     |

### Notes:

- The influenza campaign runs concurrently with the COVID-19 Winter and Spring campaigns each year
- \*Includes data from March 1st up to the beginning of official launch date of each Spring campaign and both primary and booster dose COVID-19 vaccinations
- \*\*The official end date of the Spring 2025 campaign was June 6th, 2025; however, GPs and pharmacies were permitted to administer remaining spring vaccines to eligible individuals as a grace period up to June 20, 2025 (week 25, 2025). Spring 2023 has not been included in this report because NIAC updated the recommendations in 2023 (removal of 1st, 2nd, 3rd booster doses to seasonal booster doses), any person who received a booster from 1st March 2023 was considered as having a Spring Booster, with the new interval periods then being applied for future booster doses e.g. Autumn/Winter 2023. The official launch of the Spring 2023 Campaign was April 28th, with an end date of June 16th. However, if eligible cohorts presented for a spring booster after June 16<sup>th</sup>, then clinical discretion was used to assess the risk, benefit, and impact on Autumn booster timing before administering a spring booster, with community vaccination centres (CVCs) continuing to offer clinics up to June 30th

## NIAC recommendations

In addition to the seasonal influenza, NIAC recommended that residents 18 years and older living in long term residential care facilities receive the COVID-19 vaccine during the 2023/2024, 2024/2025 and 2025/2026 winter campaigns and during the 2024, 2025 and 2026 Spring campaigns.



In contrast, NIAC recommended that HCWs receive their Winter influenza vaccine, but recommended that they receive the COVID-19 vaccine during the 2023/2024 and 2024/2025 Winter campaigns but not during the 2024, 2025 and 2026 Spring campaigns. For the 2025/2026 Winter campaign, the NIAC recommendation was such that the COVID was available to them if they choose to receive it.

The current National Immunisation Advisory Committee (NIAC) recommendations for 2025/2026 have been published for the [Influenza](#) and [COVID-19](#) vaccines.

Unlike the seasonal influenza vaccine, which has a national 75% target since 2019/2020, there are no set KPI uptake targets for COVID-19 in the 2026 [HSE national service plan](#) and that has been the case for the past three Winter and Spring COVID-19 campaigns.

### Data sources

One key data source common to all vaccination data providers is the HSE's National Integrated Information System (IIS) reporting portal. The IIS team has also developed a MS power-bi based dashboard for both seasonal influenza and COVID-19 vaccines, which is updated every vaccination season.

### HCWs

Uptake among this cohort is based on three reporting sources:

1. HPSC uptake estimates among HSE only HCWs for both influenza and COVID-19 vaccines at the end of the 'Winter campaigns' of 2023/2024 (as of 13/03/2024), 2024/2025 (as of 10/03/2025) and 2025/2026 (as of 08/03/2026)
2. HPSC survey of uptake among
  - Acute hospital-based HCWs in public and private healthcare facilities\*
  - RCF-based HCWs in public and private residential facilities\*

\*Based on estimates published by HPSC after the end of the 2023/2024, 2024/2025 and 2025/2026 vaccination seasons; only the 2024/2025 survey features uptake results for both influenza and COVID-19 vaccine (data not presented in this report)

### Fair Deal Residents

Uptake of among this cohort is derived from reporting undertaken at the end of the

1. 2023/2024 Winter campaign in March 2024 for both influenza and COVID-19 vaccines (as of 11/03/2024)
2. 2024 spring campaign in June 2024 for the COVID-19 vaccine only (as of 10/07/2024)
3. 2024/2025 Winter campaign in March 2025 for both influenza and COVID-19 vaccines (as of 10/03/2025)
4. 2025 spring campaign in June 2025 for the COVID-19 vaccine only (as of 09/06/2025)
5. 2025/2026 Winter campaign in March 2026 for both influenza and COVID-19 vaccines (as of 01/03/2026)
6. 2026 spring campaign in June 2026 for the COVID-19 vaccine only (as of 28/06/2026)

### Objectives

The objectives of this report are to present:

- HSE only HCW influenza vaccine uptake by end of each Winter campaign



- HSE only HCW COVID-19 vaccine uptake by end of each Winter campaign
- HSE only HCW COVID-19 vaccine uptake by end of each Spring campaign
- HPSC survey HCW Influenza vaccine uptake by each Winter campaign
- Fair Deal residents' influenza vaccine uptake by end of each Winter campaign
- Fair Deal residents' COVID-19 vaccine uptake by end of each Winter campaign
- Fair Deal residents' COVID-19 vaccine uptake by end of each Spring campaign

## Methodology

### HCWs

#### HSE only HCW analysis

The HSE only HCWs analysis uses data from two data sources to estimate uptake. The data sources are (1) National Integrated Information Systems (NIIS) vaccination records, including vaccinations records from HSE clinics, GPs and pharmacies, and (2) HSE HR SAP CoE records, which only include HSE employees, not voluntary hospitals or section 38 or 39 agencies. The numerator is based on the count of HSE only HCWs with an Influenza vaccine record recorded on the NIIS system in the current season. The denominator for HSE only HCWs is based on the total count of active employees as recorded on HSE HR (CoE) SAP system. The methodology applied is based on a matching, merging and deduplication process of encrypted NIIS vaccination and HSE HR SAP records. Further details around the methodology and caveats associated with this analysis are presented in Appendix. 1.

#### HPSC surveys

HPSC surveys of acute hospital and RCFs based HCWs are undertaken each year and the results are self-reported. Whilst publicly funded health care facilities (including voluntary hospitals) are obliged to participate, non HSE (section 38, 39 and privately run) RCFs are not, but are welcome to. While most acute public hospitals submit returns each year, not all always do. In contrast, the level of participation by RCFs, both public and private, can vary considerably each year as this is determined largely by the access to their own staff eligible and vaccination details. Also, the measurement of participation is hampered by the fact that there are hundreds of RCFs whose funding model and primary remit details are not readily available each year. Further details around the methodology are available in Appendix 2

### Fair Deal Residents

Reporting on uptake among Fair Deal residents in RCFs uses data from two data sources to estimate uptake. These data sources are (1) National Integrated Information Systems (NIIS) vaccination records and (2) Nursing Homes Support Scheme (NHSS) records of residents in RCFs who avail of the Fair Deal scheme. The denominator is based on the total count of Fair Deal residents recorded on the NHSS system. The methodology applied in this analysis is similar to that of the HSE only HCW analysis except that it is based on a matching, merging and deduplication process of encrypted NIIS vaccination and NHSS records. This matching is an essential step in accurately estimating vaccination uptake. Further details around the methodology and caveats associated with this analysis are shown in Appendix. 2.

Note: Data are subject to ongoing review, validation and update. As a result, figures in this report may differ from previously published HPSC figures.



## Results

### HCWs

#### Seasonal influenza vaccination

Among HSE only HCWs, uptake of the influenza vaccine between the 2023/2024 and 2024/2025 Winter campaigns fell from 37.2% to 32.0%, before rising again to 34.6% in the 2025/2026 Winter campaign (Figure 1), well short of the 75% national KPI target.

Over the same period of time, this trend was also observed among hospital-based and RCF-based HCWs in public healthcare facilities (Figures 2 and 3). For hospital-based HCWs, uptake levels were generally higher, falling from 50.8% to 45.4%, then increasing to 53.0%. For RCF-based HCWs, uptake decreased from 42.2% to 32.2%, before increasing again to 42.9%.

Among the factors which may account for the marked differences observed in uptake between HSE only HCW analyses and that of the HPSC surveys include

- Different methodologies, particularly eligible staff counts; HR Sap COE denominators differ in a number of respects to local census staff counts (see Appendix 1 for more details)
- Possible reporting bias by those completing surveys; not all healthcare facilities can or are able to participate in the HPSC surveys each year for a variety of reasons, especially the annual HPSC RCF-based HCW survey
- HCW status was not a mandatory question until the 2026/2027 season on NIIS
- Timing with which HPSC survey returns are submitted
- Access by local managers to their own staff details and the use of multiple data sources, not just the IIS vaccination data portal

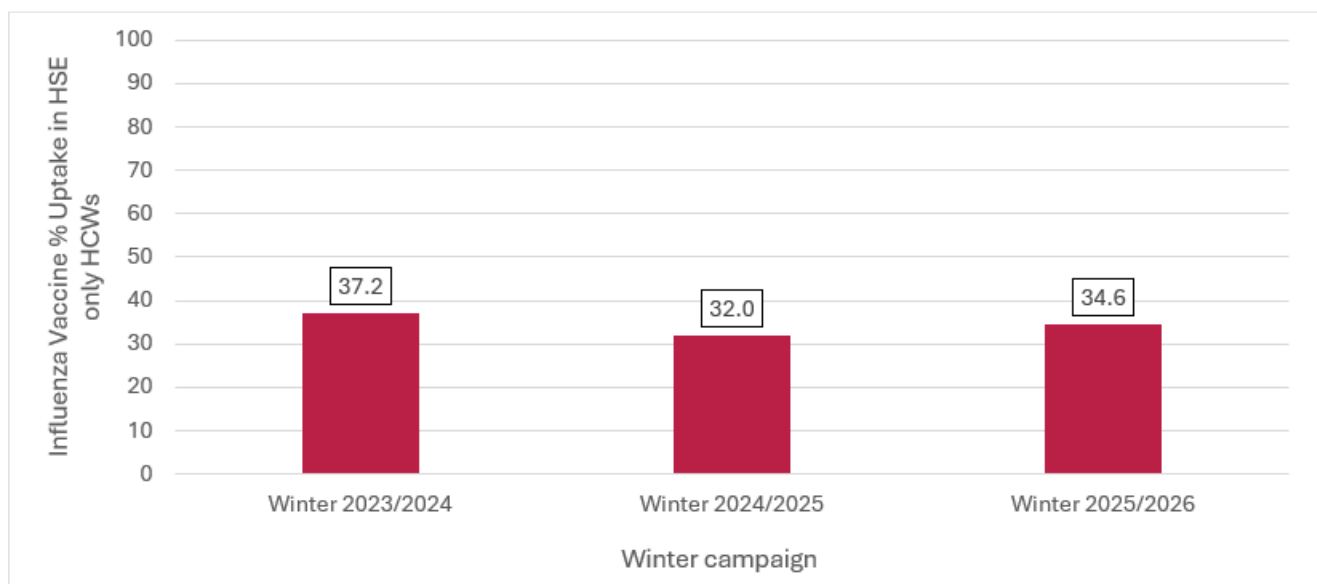


**Figure 1.** Uptake of the influenza vaccine among HSE only HCWs over the course of the three 2023/2024, 2024/2025 and 2025/2026 Winter campaigns

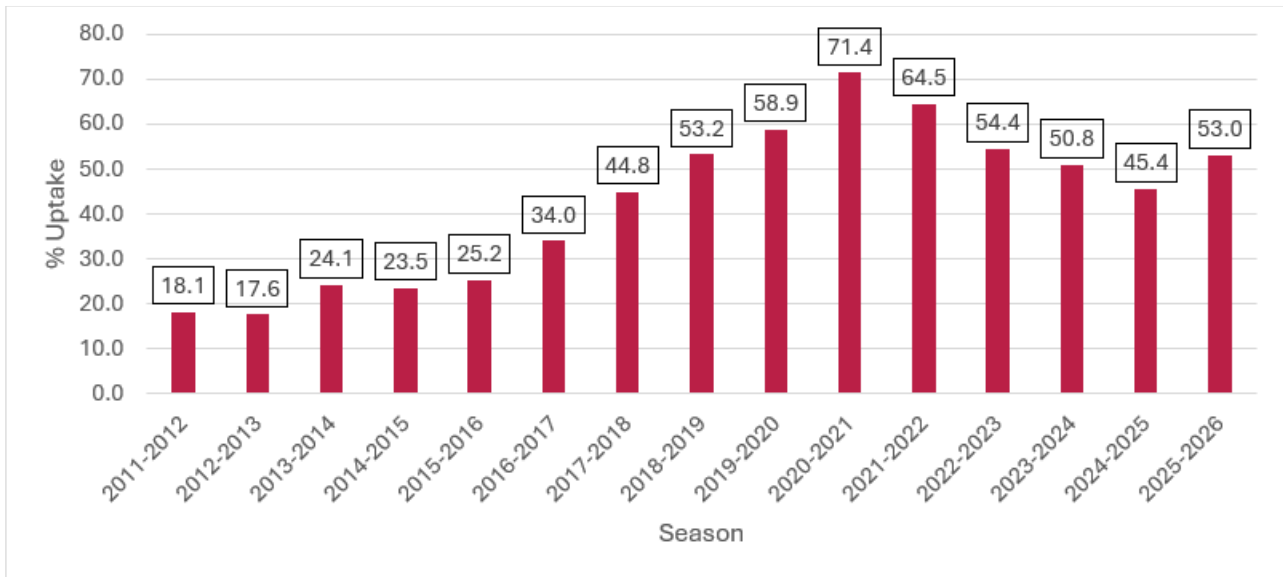


**Figure 2.** Uptake of the influenza vaccine among public hospital-based HCWs in HPSC survey over the course of the three 2023/2024, 2024/2025 and 2025/2026 seasons. (Note: details of uptake from earlier seasons from 2011/2012 to 2022/2023 are also shown)

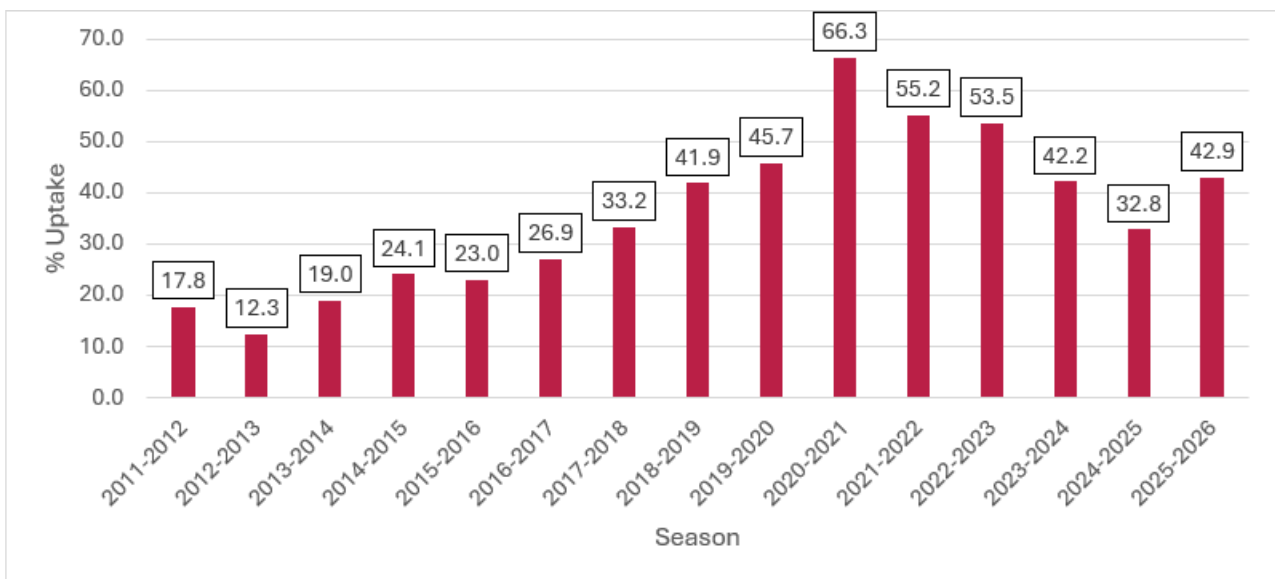


**Figure 3.** Uptake of the influenza vaccine among public RCF-based HCWs in HPSC survey over the course of the three 2023/2024, 2024/2025 and 2025/2026 seasons. (Note: details of uptake from previous season from 2011/2012 to 2022/2023 are also shown)

#### COVID-19 vaccination

Among HSE only HCWs, uptake of the COVID-19 vaccine was broadly half that of the seasonal influenza vaccine and a decline between the 2023/2024 and 2025/2026 Winter campaigns from 18.6% to 8.6% was observed (Figure 4). This decline also coincided with a time when NIAC did not recommend the vaccine to HCWs for the 2025/2026 Winter campaign, unless they fell into another at risk cohort.

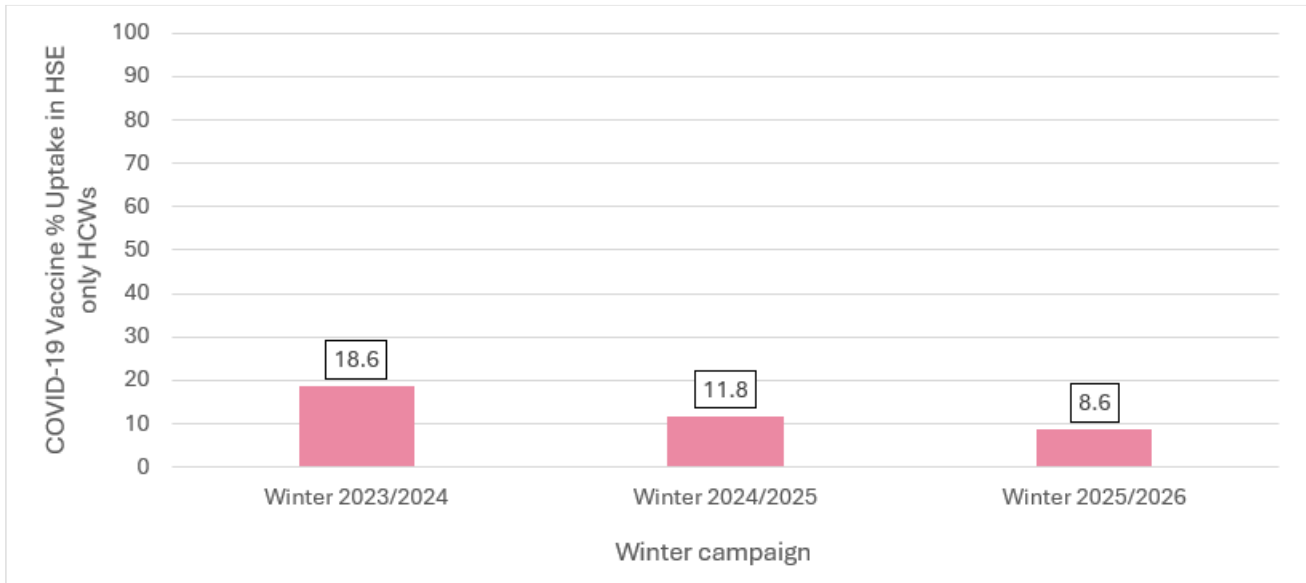


**Figure 4.** Uptake of the COVID-19 vaccine among HSE only HCWs over the course of the three 2023/2024, 2024/2025 and 2025/2026 Winter campaigns

#### Fair deal resident in RCFs

##### Seasonal influenza vaccination

Uptake of the vaccine has been consistently high in this cohort over the past three Winter campaigns and has well exceeded the set national target of 75%. A slight decline in uptake, albeit at very high levels, was observed over this period (Figure 5).

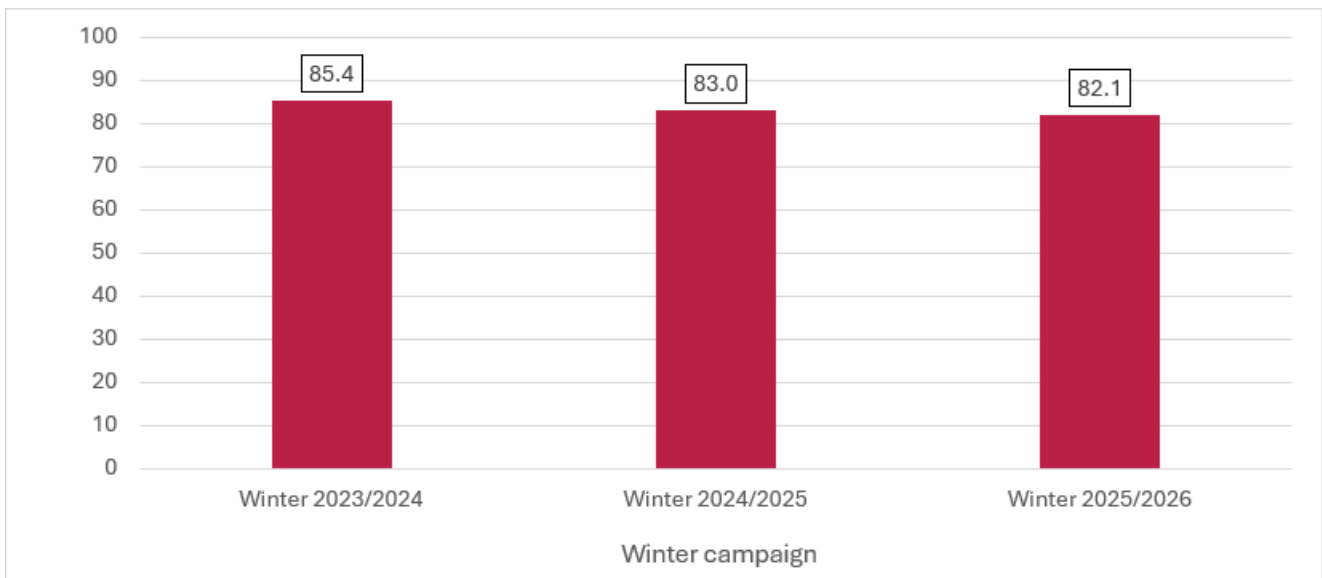


**Figure 5.** Uptake of the influenza vaccine among Fair Deal RCF residents over the course of the three 2023/2024, 2024/2025 and 2025/2026 Winter campaigns



## COVID-19 vaccination

In contrast, uptake of the COVID-19 vaccine is generally lower in this cohort compared to the seasonal influenza vaccine, but similarly, a downward trend was also observed over the course of the last three Winter campaigns (Figure 6).

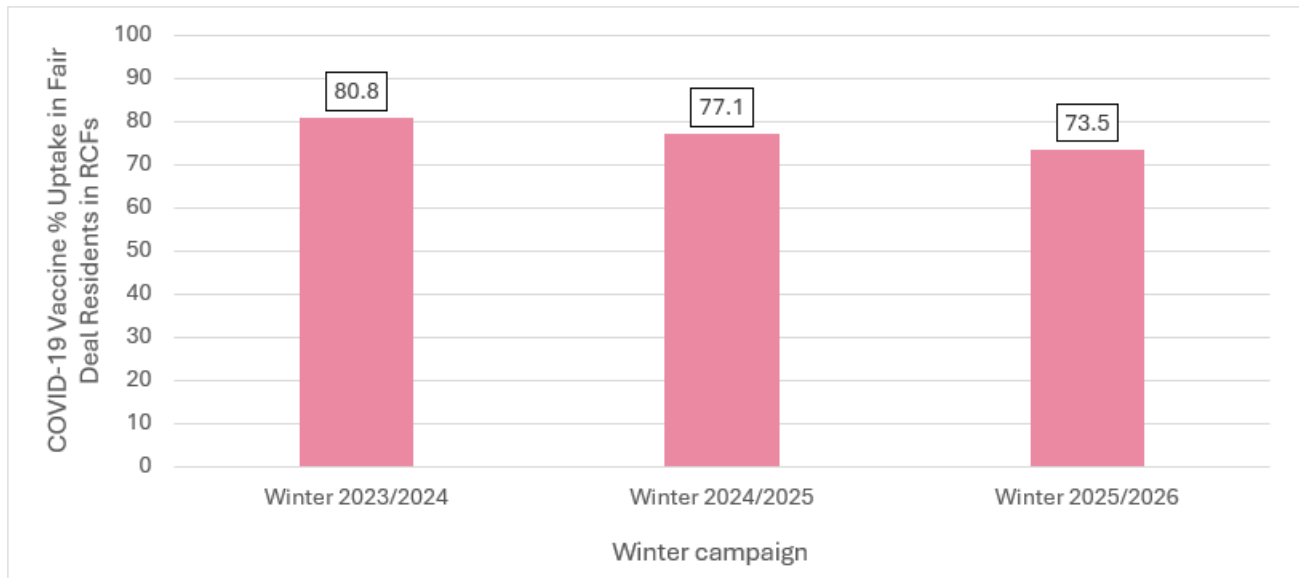


**Figure 6.** Uptake of the COVID-19 vaccine among Fair Deal RCF residents over the course of the three 2023/2024, 2024/2025 and 2025/2026 Winter campaigns

Uptake of the vaccine during the Winter campaigns was generally similar to that of the subsequent Spring campaigns (Figure 7).

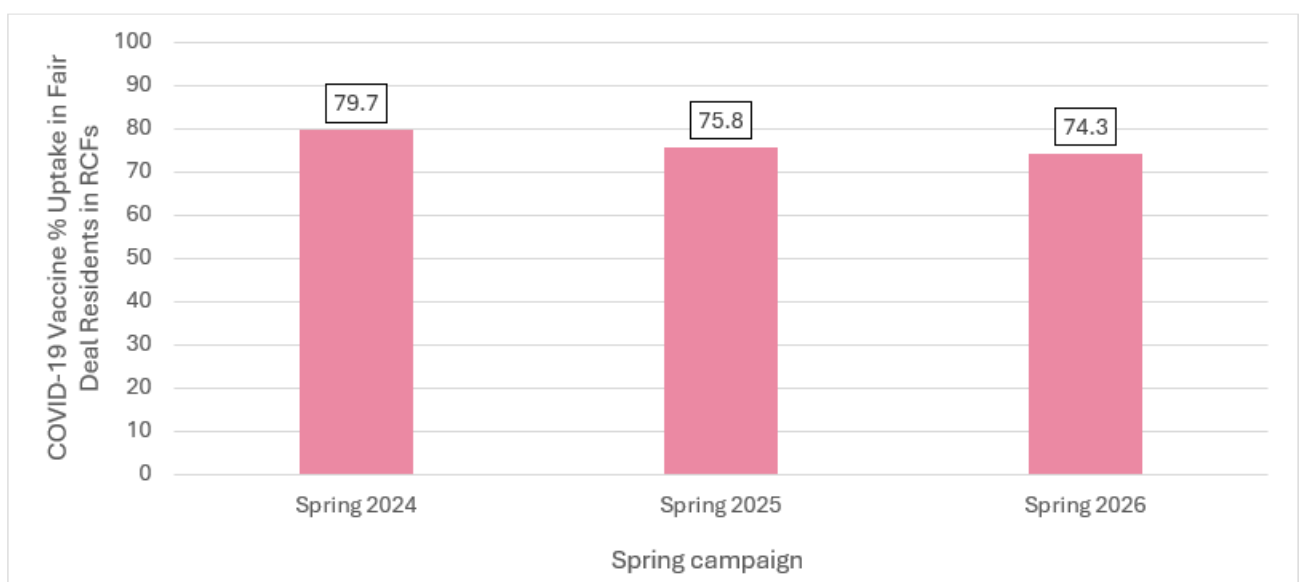


**Figure 7.** Uptake of the COVID-19 vaccine among Fair Deal RCF residents over the course of the three 2024, 2025 and 2026 Spring campaigns



## Acknowledgements

Sincere thanks are extended to all those who are providing and collecting data used in these reports. This includes the HSE IIS staff, GPs, pharmacists and administrative staff.

## Appendices

### Appendix 1 Methodology of HSE only HCW vaccination uptake analysis

This is based on a matching, merging and deduplication process of encrypted NIS vaccination and HSE HR SAP records. Because PPSNs are common to both data sources and is the basis upon which both datasets are matched, a data protection impact assessment (DPIA) was completed and approved by the Data Protection Office (DPO) to allow this data to be analysed for this purpose of estimating vaccination uptake.

The reporting of uptake of HSE only HCWs, means that uptake is not reported for section 38 and 39 agencies or privately run healthcare facilities. This is because the HSE HR Sap database does not have access to the Section 38/39 or private employee level data. For example, uptake for the voluntary hospitals, which are section 38 agencies, is not captured in this report because staff employed by those hospitals are not on the HSE HR Sap system.

With regard to the choice of denominator, the HPSC analyses are based on the HSE HR Sap monthly number of employees who are actively employed by the HSE i.e. headcount data for those who haven't left or ceased their employment. This active employee headcount is different to the monthly headcount 'census returns' in a number of respects, for example:

- *Unpaid Leave* – employees on any form of unpaid leave for the full census return period (i.e. when they receive no pay) will not appear as a headcount in the census returns. They will, however, appear on the active employee headcount once they have an employment status of 'Active'.
- *Leavers* – employees who leave the HSE organisation during the census month will appear as a headcount once they have received some form of basic pay in that period. They will not however, appear on the active employee headcount once their employment status changes to 'Withdrawn' by month end.
- *Casual Employees* – if an employee has hours and is paid, they will appear on the census returns. If they don't have hours in the census reporting period, then they will not appear. They will still appear in the active employee headcount once they have an employment status of 'Active'.
- *New Hires* – Some new hires will appear on census returns, some will not. It will depend on their hire date and if they get paid in that initial month. Once the employee is hired onto the HR Sap system, they will appear in the active employee headcount.

This reporting, while only focusing on HSE employees estimates uptake in this HCW population, does capture the vaccination details of those who have received vaccination from HSE clinics, but also from GPs and pharmacies, therefore, providing a good estimate of uptake in this population.



## [Appendix 2 Methodology of HPSC HCW-based surveys](#)

HSE-HPSC survey report on the uptake of the influenza vaccine in HCWs is conducted every season since 2011/2012. All HSE managed/staffed/funded acute hospitals are obliged to participate in the annual survey whereas non HSE (section 38, 39 and privately run) hospitals are not but are welcome to. The surveys present results based on a number of data sources available to participants, focussing on returns obtained from acute hospitals (public and private) and RCFs (public and private). Surveys are usually undertaken in November for provisional returns and in late February/early March the following year for final returns. (Unlike in previous seasons, a survey for provisional uptake returns in the 2025/2026 season was not conducted before Christmas). The surveys were conducted online using the Qualtrics platform. Only in 2024/2025 was the uptake of the COVID-19 vaccine was assessed in addition to the influenza vaccine.

## [Appendix 3 Methodology of Fair Deal resident vaccination uptake analysis](#)

This is based on a matching, merging and deduplication process of encrypted NIS vaccination and NHSS records. This matching is an essential step in accurately estimating vaccination uptake. Because PPSNs are common to both data sources and is the basis upon which both datasets are matched, a data protection impact assessment (DPIA) was completed and approved by the Data Protection Office (DPO) to allow this data to be analysed for this purpose of estimating vaccination uptake. Because the location details are not further defined by their funding status, it is not possible to summarise uptake by public and privately run RCF facilities.