



Oifig an Stiúirthóra Cúnta Náisiúnta
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LAIV Primary Schools Programme Operational Planning 2026/2027

Dear Pharmacist,

We are currently planning for the influenza season 2026/27, and in particular the provision of the Live Attenuated Influenza Vaccine (LAIV) nasal spray for children in primary school settings.

Since the introduction of LAIV in Ireland in 2020, the vaccine has been provided in primary care, to eligible children through participating GPs and Community Pharmacies. A school-based model is preferred for flu vaccination programme delivery for children, as there is national and international evidence that delivery of vaccines in school-based settings increases vaccine uptake. In recent years, GPs, Pharmacists and HSE vaccination teams have attended primary schools to deliver LAIV onsite, with activity increasing year on year.

The influenza vaccine uptake target for the 2025/2026 season was 50% for all children aged 2-17 years. The overall LAIV uptake for children aged 2-17 years for the 2025/2026 programme was 24.6%, increased from 20.3% in the previous season. Among primary school children aged 5-12 years uptake was 31.2 % compared to 26.5% the previous season (HPSC)¹. Based on the available data for the 2025/2026 season, 57% of primary schools nationally facilitated the provision of the LAIV schools programme.

As per the operational model for the past three seasons, the model for the LAIV programme in schools in 2026/27 is a mixed provider model for all primary schools. GPs, Community Pharmacists and HSE vaccination teams are encouraged to offer LAIV in primary school settings. HSE vaccination teams will offer LAIV to all primary age special education schools.

This approach aims to maximise the coverage in primary schools across the country to improve vaccine uptake and population protection. The HSE are supporting all participating Community Pharmacies to offer LAIV to children in local mainstream primary schools during the Influenza Vaccination Programme which will commence in autumn 2026. It is expected that where a Community Pharmacist visits a primary school, they should offer LAIV to all eligible pupils within that school.

Information and considerations when planning LAIV school-based vaccination is outlined in **Appendix 1**.

The **Service Provider/School arrangement for the LAIV Primary Schools Programme** (see **Appendix 2**) outlines the commitment from the Pharmacy and the school, when agreeing to participate in HSE LAIV Primary Schools Programme. Both are required to sign the relevant section of this form, this documents the agreement for the arrangement of the LAIV Primary Schools Programme on-site. Pharmacists may be required to provide a copy of this agreement to the HSE on request.

¹ HSE - Health Protection Surveillance Centre, Influenza and COVID 19 vaccine uptake in Ireland in 2025/2026 season, week 38 2025 - week 10 2026.



Planning and submission of schools information

To support planning and stock allocation, GP, Pharmacy and HSE providers planning to participate in the LAIV Primary Schools Programme are requested to engage with schools ahead of the school summer holidays.

1. As part of the engagement with the LAIV Primary Schools Programme, providers and schools are required to complete the **Service Provider/School arrangement for the LAIV Primary Schools Programme** (see **Appendix 2**)
2. Pharmacies are requested to provide the HSE with details of the schools where they have agreed to offer LAIV Primary Schools Programme by completing the online form at [LAIV Primary Schools Programme 2026/2027](#) and submitting **by 30th June 2026**. Details of the primary school Roll Number and Eircode for each participating school will be required.
3. Information provided to the HSE **by 30^h June 2026** will be used to calculate stock allocations for when orders open in September (exact dates will be confirmed in due course).
4. School list submissions will not be accepted **between 1st July and 31st August 2026**.
5. Where it was not possible to confirm arrangements before the end of June, there will be a further opportunity to submit schools lists, **between 1st and 25th September 2026**. Please note that additional stock allocations for these schools will not be available until mid to late October, so providers should not plan to visit these schools until after the mid-term break.

Pharmacies planning to visit more than 5 schools

The majority of Community Pharmacists visit between 1 and 5 local primary schools. Pharmacists who plan to visit more than 5 schools will be required to have previous experience in providing LAIV in a primary school setting, including adherence to HSE guidance in matters relating to vaccine stewardship, consent procedures and prompt and accurate entry of records. Pharmacists may be asked to submit additional information on arrangements for vaccine storage and transport, contingency for fridge failure or power cut, and copies of SOPs, prior to provision of vaccines.

Pharmacists who plan to visit more than 5 local primary schools should complete the **Primary Schools LAIV Template 2026/2027** available from the [LAIV Primary Schools Programme 2026/2027](#) or email pharmacyvaccines@vision.com to request a template for completion.

These must be submitted by **30th June 2026**, in line with the timeframes as outlined above.

The HSE have communicated with the Department of Education in relation to the planned provision of LAIV in Primary Schools and a direct communication to Primary Schools is due to issue providing details of the LAIV programme, which includes the **Service Provider/School arrangement for the LAIV Primary Schools Programme**, which is required to facilitate the LAIV Primary Schools Programme on-site.



Please visit [LAIV Primary Schools Programme 2026/2027](#) for further LAIV information, resources and updates as they become available.

I would like once again to express my sincere gratitude to Community Pharmacies and their teams for the efficient manner in which the Flu Vaccination Programme has been delivered in past seasons.

Please be assured of the HSE's continued support at this time.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'G. Crowley', with a horizontal line underneath.

Geraldine Crowley
Assistant National Director
Enhanced Community Care Programme &
Primary Care Contract



Appendix 1: LAIV Delivery Model – Key Considerations

Service Provider/School Arrangement for the LAIV Primary Schools Programme:

The completion of this form is a mandatory requirement to be completed in agreement between the Service provider/School for arrangement of the LAIV Primary Schools Programme on-site. This should be held by the practice to be provided to the HSE on request.

HSE Guidance:

All vaccinators should be familiar with the updated guidance documentation **Toolkit to Support the Administration of Flu Vaccination to Children in Primary School** before commencing LAIV.

LAIV Stock Management:

Allocations of LAIV will be set by the HSE based on information received through schools submissions in the relevant submission window.

Providers are encouraged to stagger their clinics and corresponding orders throughout the flu season and to order quantities of vaccines based on their anticipated fortnightly requirements.

Note that LAIV vaccines must be recorded at the same location (vaccinating service provider) that received the stock.

Note: The limited shelf life of the vaccine and also its susceptibility if exposed to temperature excursions.

Consent:

Please refer to [HSE National Consent Policy](#) in conjunction with LAIV Programme Material.

Consent involves a process of communication about the proposed intervention in which the person/parent/legal guardian has received sufficient information to enable them to understand the nature, potential risks and benefits of the proposed intervention. The vaccinator must ensure that valid informed consent was given and recorded.

All healthcare workers are responsible for ensuring that they adhere to consent processes as set out in the HSE National Consent Policy.

Best Practice Considerations

- It is good practice, where possible, to seek the consent to vaccination well in advance, so that there is sufficient time to respond to any questions and provide adequate information.
- Allow parents and legal guardians the chance to consider the vaccination, and formulate, and to ask any questions that they may have with regard to the vaccine.
- Child's parent(s) or legal guardian(s), or the young person in question, have an opportunity to ask questions that are answered by a healthcare worker/vaccinator to their satisfaction.
- Provide a mechanism for parents to raise any questions or concerns they may have

Recording Vaccinations:

It is best practice to always check a client's eligibility and vaccination record prior to administering any vaccines. Please ensure to enter the vaccination records promptly to avoid another vaccine being administered in error by a different provider. Take a moment to check the information entered into PharmaVax, to ensure the patient vaccination record is correct. See [Guidance Note 2 Completing Vaccination Record on IT Systems](#)



Service Provider/School Arrangement for the Live Attenuated Influenza Vaccination (LAIV) (nasal spray flu vaccine) Primary Schools Programme 2026/2027

Appendix 2: Service Provider/School arrangement for the LAIV Primary Schools Programme

Please select provider type below:

GP Community Pharmacy HSE Team

Details and commitment on behalf of the Service Provider

The named LAIV provider/vaccination team will:

- Agree dates for the vaccination session with the school and be satisfied that there is adequate space for the vaccination clinic and for the observation period
- Ensure that all professionals vaccinating have undertaken all required vaccinator training for their profession
- Offer LAIV to all eligible children in all class groups in the school aligned with the advice of the National Immunisation Advisory Committee (NIAC)
- Follow the HSE guidance for the storage, transportation and administration of vaccines in Primary Schools or Community Settings and ensure that any local materials, policies or protocols that may be developed are aligned with HSE guidance
- Ensure robust processes including the provision of sufficient information to obtain informed consent prior to vaccination and adhere to best practice aligned with the HSE National Consent Policy
- Ensure that consent has been provided for each child to be vaccinated
- Ensure all consent forms are reviewed in advance of the vaccination clinic before attending the school
- Provide sufficient contact details for the vaccination team in advance of clinic to allow parents/legal guardians to engage further or withdraw consent as required
- Ensure that there are sufficient clinical and administrative staff attending the school as per HSE guidelines
- Check the child's vaccination status and eligibility in advance of vaccination
- Ensure children are correctly identified at the time of vaccination
- Where a child has a similar name to another child or identifies by a different name to that on the consent form the identity of the child should be double checked
- Check vaccine expiry dates prior to vaccine administration
- Enter vaccination records on to the respective ICT system on the day of vaccination
- Provide a vaccine record and post vaccination advice to each child vaccinated.
- Practice open disclosure in the event that any vaccine errors occur

Name of vaccinating service:

Service Lead/vaccinator:

Professional Registration Number: (IMC, NMBI, PSI)

Contact Number:

Signature on behalf of Provider:

Date:

Provider Stamp:



Service Provider/School Arrangement for the Live Attenuated Influenza Vaccination (LAIV) (nasal spray flu vaccine) Primary Schools Programme 2026/2027

Details and commitment on behalf of the Primary School

The school commits to facilitating onsite LAIV vaccination in the 2026/27 programme by the service provider named above.

The school will support the vaccination team, as required, by:

- Accepting only one vaccine provider to administer vaccines
- Distributing consent forms to parents (e.g. sending forms home in school bags or via digital/app resources)
- Nominating a named member of staff who is familiar with the children to assist the vaccinators, to confirm the identity of the children correctly on the day of vaccination (e.g. confirming correct child identity and providing assistance if two children in a class have the same/similar name or are known by an alternative name)
- Agreeing dates for the vaccination session with the vaccination team and informing parents/legal guardians when the vaccination clinic will take place
- Providing adequate space for the vaccination clinic and the observation period

Primary School Name:

Roll No:

Name of lead contact person:

Job title / role:

Contact Number:

Signature on behalf of the school

Date:

School Stamp:

Additional information for Schools

To ensure that as many children as possible have the opportunity to get the nasal spray flu vaccine in primary school, HSE vaccination teams, GPs and Community Pharmacists will provide vaccines in primary school settings in 2026/2027. The vaccination teams will be asked to offer the nasal flu vaccine to all children in all class groups in each participating school. HSE vaccination teams will provide flu vaccines to all primary age special education sector schools.

HSE vaccination teams, GPs and Community Pharmacists are planning for the LAIV Schools Programme 2026/2027, and may contact your school to offer vaccines to students. You can choose to work with any one of these providers to offer vaccines to students in your school. Schools will be asked to work with the vaccination team to agree the best approach for implementing the LAIV programme in your school.

If you choose to participate in the flu vaccination programme, it is important that you only accept one vaccine provider to administer vaccines in your school (i.e. either a HSE vaccination team, a GP or a Community Pharmacist).

To ensure the delivery of a safe and high-quality vaccination programme, we will be advising vaccinators not to accept consent forms given to them on the day of vaccination. This is because this does not allow sufficient time for review.