

**From the Chief Medical Officer
Professor Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

HSS(MD)7/2025

For Action:

Chief Executives, Public Health Agency/HSC Trusts/ NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, All General Practitioners and GP
Locums (*for onward distribution to practice staff*)
Community pharmacists (*for onward distribution to staff*)
OOHs Medical Managers (*for onward distribution to staff*)
RQIA (*for onward circulation to independent sector
health and social care providers*)

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Your Ref:
Our Ref: HSS(MD)7/2025
Date: 25 February 2025

Dear Colleague

**COVID-19 - END OF AUTUMN/WINTER 2024 PROGRAMME AND DETAILS OF
SPRING 2025 BOOSTER VACCINATION CAMPAIGN**

ACTIONS REQUIRED

**COVID-19 - END OF AUTUMN/WINTER 2024 PROGRAMME AND DETAILS OF
SPRING 2025 BOOSTER VACCINATION CAMPAIGN**

Chief Executives must ensure this information is drawn to the attention of all staff involved in the COVID-19 vaccination programme.

The SPPG must ensure this information is cascaded to all General Practitioners, practice managers and community pharmacies for onward distribution to all staff involved in the COVID-19 spring booster vaccination programme.

The RQIA must ensure this information is cascaded to all Independent Sector Care Homes for onward distribution to all staff involved in the COVID-19 spring booster vaccination programme.

1. The purpose of this letter is to bring to your attention two important information points, which are:
 - that the COVID-19 autumn 2024/25 booster programme will officially end on the 28 February 2025; and

- the advice issued by the Joint Committee on Vaccination and Immunisation (JCVI) with regards to the forthcoming spring 2025 COVID-19 booster campaign.
2. The current COVID-19 autumn 2024/25 booster programme, which began on the 7 October 2024, will officially come to an end on 28 February 2025. Providers are not required to vaccinate those eligible for an autumn 2024/25 booster from that point onwards. Note the influenza vaccination programme will continue until 31 March 2025.

Spring 2025 COVID-19 Campaign

3. The [JCVI statement on COVID-19 vaccination in spring 2025](#) has now been published and advises that a COVID-19 booster vaccine should be offered to:
 - adults aged 75 years and over (by 30 June 2025);
 - residents in a care home for older adults (in NI this will apply to all residents of a care home);
 - individuals aged 6 months and over (by 30 June 2025) who are immunosuppressed (as defined in the 'immunosuppression' sections of tables 3 or 4 in the [COVID-19 chapter of the Green Book](#))
4. In Northern Ireland, the Public Health Agency lead on the operational delivery of the COVID-19 vaccination programme and are working with providers to finalise the details of the spring 2025 booster campaign but the campaign is expected to start by 7 April 2025 and the indicative date for completion is 30 June 2025.
5. The vaccination programme will operate under a Patient Group Direction (PGD) which will be issued by PHA/SPPG. A Vaccine Protocol will also be in place and be issued by SPPG. Spring boosters may only commence when the PGD and Vaccine Protocols are in place and providers will be notified by the relevant bodies.
6. As with previous spring COVID-19 booster campaigns, and subject to final agreement with NIGPC, GPs are expected to be asked to invite their eligible patients aged 75 years and older (i.e. those born on or before 30 June 1950), and those patients aged 18 years and older (i.e. those born on or before 30 June 2007), who are immunosuppressed, in for vaccination.
7. GPs will also issue a notification to their patients aged 5 to 17 years (i.e. those born between 1 July 2007 and 30 June 2019) who are immunosuppressed, to advise they are eligible for vaccination, and they can attend a Trust led clinic to receive the vaccine.
8. Subject to final agreement with CPNI, community pharmacies are expected to pair with all care homes who will attend the home and offer the vaccine to all

residents. Community pharmacies should prioritise care home residents from the beginning of the spring booster programme. In addition to being invited by their own GP, those aged 75 years or older or immunosuppressed individuals aged 18 years or older, also have the option to receive their vaccination via a participating community pharmacy.

9. Trusts will vaccinate eligible housebound patients from lists supplied by GPs and GPs should make housebound referrals as early as possible in the programme to allow for planning of home visits and supply a list of their eligible housebound patients to their local Trust by 9 May 2025. Late referrals will lead to a delay in vaccination for these patients.
10. Trusts will also vaccinate those immunosuppressed individuals aged 6 months to under 18 years of age. Trusts will identify and offer vaccination to those aged 6 months to 4 years with an immunosuppressed status (i.e. those born between 1 July 2020 and 30 June 2024), while GPs will notify their patients aged 5 to 17 years who are immunosuppressed, to advise they are eligible for vaccination, via a Trust led clinic (as mentioned at para 7). In addition to being invited by their own GP, those aged 75 years or older or immunosuppressed individuals also have the option to receive the vaccine via a Trust clinic.

Summary of spring 2025 delivery model:

Eligible group:	Contacted by:	Vaccinated by:
75 years and over	GP	GP/community pharmacy/Trust clinic
Immunosuppressed:		
• 18 years and over	GP	GP/community pharmacy/Trust clinic
• 5-17 years	GP	Trust clinic
• 6 months - 4 years	Trusts	Trust clinic
Care home residents	N/A	Community pharmacy
Eligible housebound	Trusts based on GP notifications	Trusts

11. A small pool of Sessional Vaccinators who are employed by the Public Health Agency are available to support GPs and community pharmacies with administration of COVID-19 vaccines throughout the campaign. Further information on this workforce and requests for support can be raised by contacting PHAVaccinesitrep@hscni.net.
12. The following vaccines will be available for use: in all individuals aged 18 years and over:
 - Moderna mRNA (Spikevax) vaccine. Dose: 50 micrograms

- Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 30 micrograms

13. The following vaccines will be available for use for those under the age of 18:

- Young people aged 12 to 17 years: - Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 30 micrograms.
- Children aged 5 to 11 years: - Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 10 micrograms.
- Children aged 6 months to 4 years: - Pfizer-BioNTech mRNA (Comirnaty) vaccine. Dose: 3 micrograms.

Future COVID-19 Vaccination Programmes

14. Over the last 4 years, population immunity to SARS-CoV-2 has been increasing due to a combination of naturally acquired immunity following recovery from infection and vaccine-derived immunity (this combination is termed 'hybrid immunity'). COVID-19 is now a relatively mild disease for most people, though it can still be unpleasant, with rates of hospitalisation and death from COVID-19 having reduced significantly since SARS-CoV-2 first emerged. Age has always been strongly associated with the risk of hospitalisation and mortality from COVID-19, with the oldest in the population being the most vulnerable.

15. As COVID-19 becomes an endemic disease, and with a move by the JCVI towards standard assessment of cost-effectiveness, the focus of the programme is shifting towards targeted vaccination of the oldest adults and individuals who are immunosuppressed. These are the 2 groups who continue to be at higher risk of serious disease, including mortality.

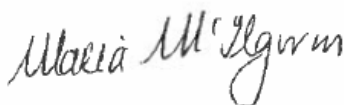
16. Final decisions on eligibility for vaccination in autumn 2025 and spring 2026 will be informed by the outcomes of procurement and supply processes, and further advice will follow in due course.

17. An operational letter from the PHA Immunisations team will be issued to vaccine service providers to advise on the vaccine strain, vaccine allocation, stock ordering, quotas, storage and distribution, and professional training resources in due course.

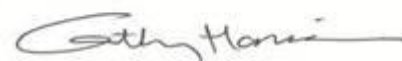
Yours sincerely



Professor Sir Michael McBride
Chief Medical Officer



Ms Maria McIlgorm
Chief Nursing Officer



Professor Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to Community Pharmacies*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG (*for cascade to GP Out of Hours services*)
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG) (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
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Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
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This letter is available on the Department of Health website at

<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>