

National Immunisation Advisory Committee (NIAC)
**AN OVERVIEW OF RECOMMENDATIONS REGARDING BOOSTER DOSES OF COVID-19
VACCINE FOR THOSE AGED 60 TO 79 YEARS.**
18.10.2021

Recommendations

These recommendations reflect current evidence and will be reviewed when more information becomes available.

1. All unvaccinated or incompletely vaccinated people eligible for COVID-19 vaccine are strongly encouraged to complete a primary vaccination course.
2. Everyone must continue to observe all recommended public health and social measures to limit COVID-19 exposure. Booster doses will not contribute immediately to outbreak management or take the place of public health and social measures.
3. A booster dose of Comirnaty is recommended for all those aged 60 to 79 years who have completed their primary course with any COVID-19 vaccine. This is in addition to previous NIAC recommendations: [Booster doses for those with immunocompromise](#) and [Booster doses for those aged 80 years and older and aged 65 and older in long term care facilities](#)

The booster dose should be given after an interval of six months (or at least five months) following the last dose of any authorised COVID-19 vaccine, or any time thereafter. It can be given at the same time or at any interval before or after seasonal influenza vaccine.

As previously recommended, if a person in a group for whom a booster dose is recommended has had laboratory confirmed COVID-19 infection after a completed primary vaccine course (i.e., a breakthrough infection), the booster dose should be delayed for at least six months after the COVID-19 infection was diagnosed.

Overview

- Globally, COVID-19 vaccines are a scarce resource; recommendation for booster vaccines must be based on need and evidence driven.
- NIAC fully supports the Government's commitment to global vaccine equity and took into account vaccine supply and the potential for donation to low and middle income countries in these recommendations.
- Access to and completion of a primary vaccine series by countries is an essential prerequisite to controlling the SARS-CoV-2 pandemic on a global basis. Until global control is achieved, all countries remain at risk.
- The most effective way to prevent hospitalisation, severe illness and death related to COVID-19 is to ensure that all eligible people are fully vaccinated. In the US, those who are unvaccinated are 10 times more likely to require hospitalisation than those fully vaccinated. In Ireland, those who are unvaccinated account for 70% of COVID-19 ICU admissions from April to October 2021.
- Overall, high levels of vaccine effectiveness (VE) against hospitalisation, severe disease and death have been sustained throughout the Alpha and Delta periods for at least five to six months.
- There is attenuation of protection against infection over time since primary vaccination with some increase in hospitalisation and severe illness, although overall good protection against severe disease is sustained.
- Vaccination rates are very high in Ireland, especially in those aged 60 years and older (97% or higher), However, the incidence of breakthrough infections requiring hospitalisation has increased in fully vaccinated older people. Vaccinated older people are much less likely to require hospitalisation but if they do, they carry the same risk of severe disease and death as the unvaccinated.
- Available data on booster vaccination with an mRNA vaccine following a primary viral vector or mRNA vaccine course show similar safety to that reported for the primary series, and booster doses were found to be highly immunogenic.
- Booster doses with an mRNA vaccine have not shown unexpected patterns with regard to short term safety when administered at least five months after an mRNA primary vaccine course.
- In Israel, booster Comirnaty vaccination together with public health and social measures have been shown to extend protective benefits, reversing COVID-19 disease incidence trends and reducing rates of hospitalisation.
- On 4 October 2021, the EMA stated that a booster dose (third dose) of Comirnaty may be considered in individuals 18 years of age and older.
- NIAC has recommended that COVID-19 vaccines and seasonal influenza vaccine may be administered at the same time or at any interval from each other.
- NIAC will continue to examine new evidence regarding the durability of protection of the primary vaccine series in other groups. These groups include:
 - those younger than 60 years of age with comorbidities (other than those who are immunocompromised for whom recommendations have already been issued for an additional primary vaccination).
 - healthcare workers (HCWs) (recognising their vital role in providing essential health services. Currently, there is no evidence of increased hospitalisation or death in fully vaccinated HCWs. There is evidence to suggest that VE for symptomatic disease in HCWs is the same as the general population).