

National Immunisation News

The newsletter of the HSE National Immunisation Office

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

www.immunisation.ie

Adverse Local Reactions following 4 in 1 Booster

Local reactions are more common following booster doses of DTaP/IPV vaccines.

These reactions

- begin within 48 hours of vaccination
- consist of swelling around the injection site
- may sometimes be greater than 50mm in diameter
- resolve spontaneously over ~ 4 days without long term effects
- are not usually associated with significant pain or limitation of movement
- do not need antibiotics or anti inflammatory medication
- do not contraindicate further doses of vaccine

If a child presents with signs of extensive limb swelling following booster vaccination, parents should be reassured that this is a non-infective injection site reaction, unless there is fever or the situation worsens.

For more details see recent NIAC statement at

<http://www.immunisation.ie/en/HealthcareProfessionals/Correspondence/>



2013 Immunisation Guidelines for Ireland

The National Immunisation Advisory Committee (NIAC) has published the 2013 Immunisation Guidelines for Ireland. All the Chapters have been rewritten following a standard format and a new Chapter on Immunisation of Immunocompromised persons has been added.

The Guidelines are only available online at

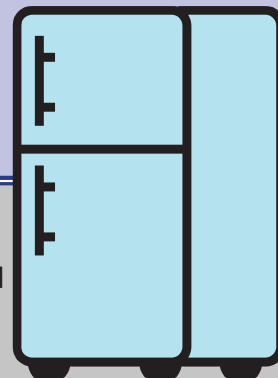
<http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines/>

Please email yvonne.morrissey@hse.ie if you would like to be sent a PDF version of the full Guidelines document as published in November 2013.



Flu Season

Flu season is not yet over! Please do not return any flu vaccines until after April 2014 when the flu season ends. Please note that any Pneumovax delivered since the beginning of October does not expire until February 2015. Please **DO NOT** include it with flu returns at end of the flu season.



Vaccine Ordering

All sites have scheduled delivery dates every month so please order every month and only keep 5-6 weeks stock in your fridge. This will help to minimise wastage and reduce costs if you have a power cut or fridge breakdown.

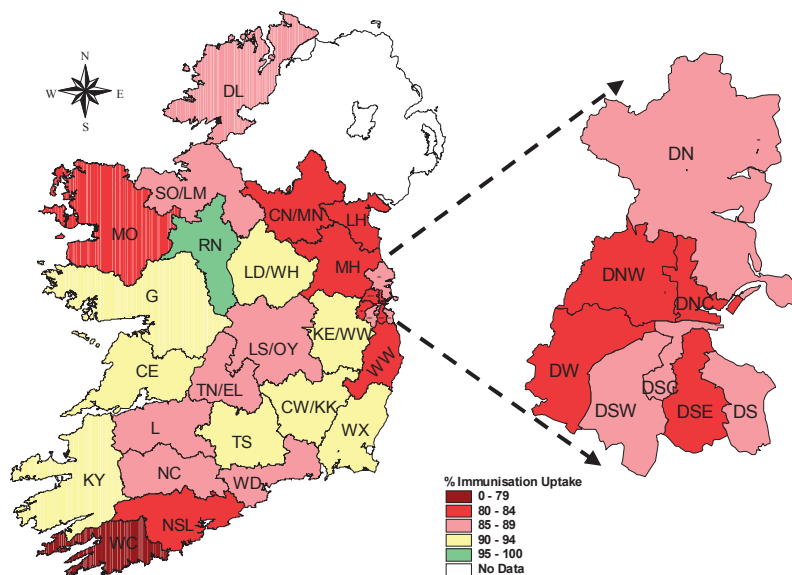
Remind Parents to Complete All 5 Visits

Immunisation uptake rates for Quarter 3 2013 show rates for Diphtheria, Pertussis and Tetanus at 24 months were at 96% in excess of the World Health Organization target of 95%.

BUT uptakes of vaccines given at 12 and 13 months have still not reached 95% with MMR 93%, PCV₃ 91% Hib_b 90% and MenC₃ 86%.

Only Roscommon reached the target of 95% for MenC₃ and only Roscommon, Clare and Tipperary South reached the target for PCV₃ therefore many children are still vulnerable.

MenC₃ uptake rates at 24 months



Source: HPSC

Please remind parents of the importance of completing all 5 visits on time and send details of the vaccinations soon after to your local immunisation office.

For more details see

<http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/QuarterlyReports/>

and check out more of your local area uptake rates at

<http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/ImmunisationUptakeStatisticsSummary/>

Common Queries

Q. What should happen if a child moves when given a vaccine and approximately half the dose is lost?

A: When some of the vaccine is lost (patient moves, syringe leaks), it is difficult to judge how much vaccine the patient received. You should not count it as a valid vaccination.

If it was an inactivated vaccine, you should re-immunise the person as soon as possible, even at the same visit. If it was a live vaccine, a further dose should be given if you detect the error on the same day, otherwise wait **4 weeks** to give the next dose. However if part of an oral vaccine (rotavirus) was spit out, count the dose and do not administer a second dose.

Q: Do you need to expel air bubbles in prefilled syringes?

A: Not if they are small (less than the diameter of the syringe).

If there is a large air bubble, draw back and then expel air through the needle.

Do not prime the needle with vaccine as this may lead to an increased local reaction



Minimum and optimal ages and intervals between vaccines

| Vaccine | Dose 1 | | Dose 1 to Dose 2 | | Dose 2 to Dose 3 | |
|---------------|-----------|-----------------------|----------------------|----------------------|-------------------------------------|------------------------------------|
| | Age | | Interval | | Interval | |
| | Optimal | Minimum | Optimal | Minimum | Optimal | Minimum |
| 6 in 1 | 2 months | 6 weeks | 2 months | 4 weeks | 2 months (4 months after Dose 1) | 8 weeks (16 weeks after Dose 1) |
| MenC | 2 months | 6 weeks | 2 months | 4 weeks | 2 months (over 12 months of age) | 8 weeks (over 12 months of age) |
| MMR | 12 months | 6 months ¹ | 1 month ² | 4 weeks ² | | |
| PCV | 2 months | 6 weeks | 2 months | 4 weeks | 2 months (over 12 months of age) | 8 weeks (over 12 months of age) |

¹ In an outbreak if a child receives MMR under 12 months they should have a repeat MMR vaccination at 12 months of age, at least one month after the first vaccine, with a further dose at 4-5 years of age.

² If a child aged <18 months receives a second MMR vaccine within 3 months of the first MMR, a third MMR should be given at 4-5 years of age.

Optimal age and optimal intervals should be used routinely as they give the best immune response.

Minimum age and minimum intervals should **ONLY** be used in exceptional circumstances (e.g. imminent overseas travel).

Remaining doses should be given at optimal intervals to give the best protection.

For more information see Immunisation Guidelines for Ireland 2013 Chapter 2

“General Immunisation Procedures” available at

<http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines/>

Current Vaccines List Updated February 2014**Primary Childhood Vaccines**

| Vaccine | Product Name | Manufacturer | Pack Size |
|---------|---------------|--------------------|-----------|
| 6 in 1 | INFANRIX HEXA | GSK | 10 |
| Men C | MENJUGATE | Novartis | 1 |
| PCV | PREVENAR 13 | Pfizer | 10 |
| MMR | PRIORIX | GSK | 10 |
| MMR | MMR Vax Pro | Sanofi Pasteur MSD | 1 |
| Hib | HIBERIX | GSK | 1 |
| 4 in 1 | INFANRIX-IPV | GSK | 1 |

Adult Vaccines

| Vaccine | Product Name | Manufacturer | Pack Size |
|--------------|---|--------------------|-----------|
| Td | DITE BOOSTER | SSI | 5 |
| Influenza | INACTIVATED INFLUENZA (SPLIT VIRION) BP | Sanofi Pasteur MSD | 1 or 10 |
| Pneumococcal | PNEUMOVAX 11 | Sanofi Pasteur MSD | 1 |

Vaccines Used By HSE

| Vaccine | Product Name | Manufacturer | Pack Size |
|------------|-----------------|--------------------|-----------|
| BCG | BCG | SSI | 5 |
| Tdap | BOOSTRIX | GSK | 1 |
| Tuberculin | TUBERCULIN 2 TU | SSI | 10 |
| 4 in 1 | INFANRIX-IPV | GSK | 1 |
| MMR | PRIORIX | GSK | 10 |
| MMR | MMR Vax Pro | Sanofi Pasteur MSD | 1 |
| HPV | GARDASIL | Sanofi Pasteur MSD | 1 |

Restricted Vaccines Requiring Authorisation

| Vaccine | Product Name | Manufacturer | Pack Size |
|-------------------------|-------------------------------|--------------------|-----------|
| Hepatitis A | HAVRIX Monodose | GSK | 1 |
| | HAVRIX Junior Monodose | GSK | 1 |
| Hepatitis B | ENGERIX (adult) | GSK | 1 |
| | ENGERIX (paediatric) | GSK | 1 |
| | FENDRIX (renal insufficiency) | GSK | 1 |
| | HBVAXPRO 5mcg | Sanofi Pasteur MSD | 1 |
| | HBVAXPRO 10mcg | Sanofi Pasteur MSD | 1 |
| | HBVAXPRO 40mcg | Sanofi Pasteur MSD | 1 |
| Hepatitis A+B | TWINRIX (adult) | GSK | 1 |
| | TWINRIX (paediatric) | GSK | 1 |
| MenACW ₁₃₅ Y | MENVEO | Novartis | 1 |
| Td/IPV | Revaxis | Sanofi Pasteur MSD | 1 |
| Tdap | BOOSTRIX | GSK | 1 |
| Tdap/IPV | IPV-Boostrix | GSK | 1 |
| MenACW ₁₃₅ Y | MENVEO | Novartis | 1 |

Vaccines for Pregnant Women



Pregnant women should be given pertussis (Tdap / Boostrix) vaccine between 27-36 weeks gestation to protect themselves and their baby.

For more information see <http://www.immunisation.ie/en/HealthcareProfessionals/Pertussis/>

Pregnant women (and any other unvaccinated people in the at risk groups) should be given flu vaccine **up to the end of April**.

For more information see <http://www.immunisation.ie/en/HealthcareProfessionals/Influenza/>

Check out our website

Look at “What’s New” section on the left hand side <http://www.immunisation.ie/en/WhatsNew/>

This includes revised guidance on the use of tetanus immunoglobulin and presentations from a regional immunisation conference in Castlebar.

The screenshot shows the website header with navigation links: skip.nav | Home | Contact Us | Sitemap | Accessibility Help. The main heading is "Protect - Prevent - Immunise" with language options for English and Gaelige. A search bar and "WWW immunisation" link are visible. On the left, a sidebar menu lists various sections, with "Useful Website" and "What's New" circled in red. The main content area is titled "Home > ** What's New **" and lists updates from February 2014 back to October 2013. Key updates include:

- February 2014: SmPCs for BCG, dTc and tuberculin has been updated; Added weblink to the ECDC comparison site for European immunisation schedules on the Late Entrants page.
- January 2014: New letter in correspondence section - NIAC statement on Adverse local reactions to booster doses of Diphtheria, Tetanus and acellular Pertussis vaccine; New page has been added to the Healthcare Professional Section titled Tetanus; The Immunisation Guidelines 2013 - Chapter 8 Hepatitis A has been updated.
- December 2013: HSE West Immunisation Programme Nov 2013 presentations have been added.
- November 2013: The Guidelines for Late Entrants has been updated; Immunisation Guidelines for Ireland 2013 has been added; An article was added to the Vaccine Safety Reports section of the HPV page; Anaphylaxis Protocol has been added to the school programme pages - 4 in 1 and HMR, Tdap, HPV and MMR Catch up programmes.
- October 2013: A presentation and FAQ for healthcare workers about flu has been added to the following pages: Flu for Healthcare workers and Healthcare Professionals Influenza.

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