

March 2018

National Immunisation News

The Newsletter of the HSE National Immunisation Office



National Immunisation Office 2017 Summary

Thank you for all of your support throughout 2017. We would like to share some of the highlights of the last year.

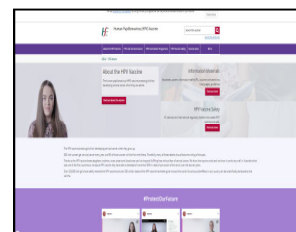
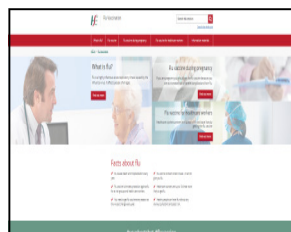
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- HSE National Cold Chain Service made 27,084 deliveries of 2,486,172 vaccines to 2,769 sites on our behalf.
- GP practices delivered the primary childhood immunisation schedule protecting over 64,000 babies against 13 diseases.
- Primary schools vaccination teams delivered the school programme protecting 70,000 children against 7 diseases (GPs deliver this programme in Donegal, Sligo and Leitrim)
- Second level schools vaccination teams delivered the school programme protecting 60,000 children against 7 diseases.
- We delivered talks and training to 2,200 health professionals and members of the public across Ireland.
- We dealt with 3,193 queries through immunisation@hse.ie
- For the first time we had over 1 million visits to our website in a year.

We look forward to continuing to work with you in 2018 so we can all deliver the best immunisation programme with increased vaccine uptake rates to protect more people from vaccine preventable diseases.

www.immunisation.ie



Measles – outbreaks in Europe and Ireland

Measles outbreaks continue in a number of European countries including Romania, Italy, Germany and Greece. Between January and December 2017, 14,451 Measles cases and 36 deaths have been reported in Europe.

Greece is currently experiencing a measles outbreaks with 968 cases including two deaths reported since May 2017. There are also significant emerging outbreaks reported in France (77 cases) and the UK (62 cases). Most cases were unvaccinated or incompletely vaccinated. <http://bit.ly/ECDCMeasles>

Cases also continue to occur in Ireland. There was a national outbreak in 2016. Most cases had not had MMR vaccine.

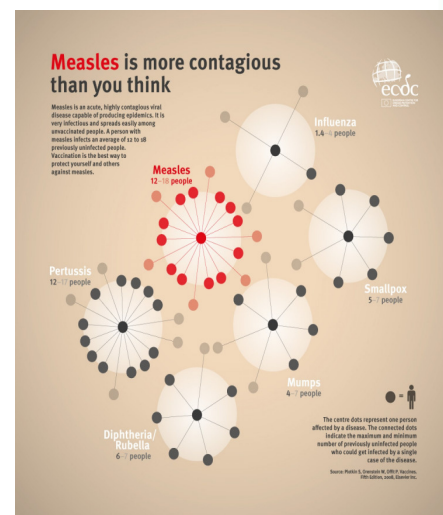
Since October 2017, more than 10 cases of measles have occurred in North Dublin and in the North East.

In February over 10 cases of measles have been reported in the Mid-West.

Measles is one of the most infectious vaccine preventable diseases.

Vaccination with 2 doses of MMR vaccine is the only way to protect against measles.

Please ensure all unvaccinated children and adults under 40 are offered MMR vaccine.



More information is available at: <http://bit.ly/NIACChapter12> <http://bit.ly/HPSCMeasles> <https://goo.gl/MUsQ6u>

New Guidelines for Vaccinations in General Practice

A new edition of the Guidelines for Vaccinations in General Practice has been being published online and has now been distributed to all sites.

This edition includes a revised catch up immunisation schedule, an updated section to reflect changes in guardianship and a vaccination refusal form.

The guidelines are available to view and download at <http://bit.ly/GPGuideline>

If you need to order additional copies of the guidelines for your practice please login into your account on www.healthpromotion.ie to order them.

Consent and changes to the Law on Guardianship

Childhood and school immunisation consent forms state:

"I confirm by signing this form that I am authorised to give consent on behalf of the above named child. I consent to have this child vaccinated against the diseases named below":

The person signing the form should only sign if they are authorised to give consent.

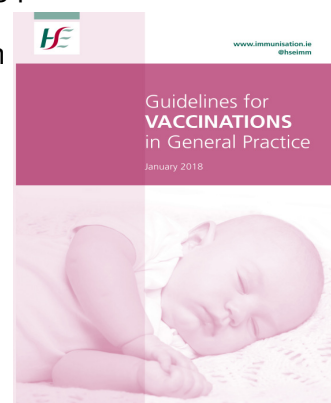
The Children and Family Relationships Act 2015 law states

"An unmarried father is automatically a guardian if he has lived with the child's mother for 12 consecutive months after 18th January 2016, including at least three months with the mother and child following the child's birth (Children and Family Relationships Act 2015)". <http://bit.ly/Guardianship2018>

Updated NIAC Guidelines for influenza vaccine administration

Flu vaccine for patients undergoing chemotherapy treatment for cancer.

Check our website for the most up to date versions of each chapter <http://bit.ly/NIACGuidelines>



Seasonal Flu Vaccine Campaign 2017/2018

Influenza activity was high in 2017/18 with influenza B and A (H3N2) viruses circulating and a higher proportion of influenza B detected. Up to **976,960** doses of flu vaccine have been distributed (11/2/2018). Compared to the same period in the 2016/17 season, **137,438** more flu vaccines have been delivered to date this flu season.

There have been 102 deaths from influenza reported so far this flu season. All those in the 'at risk groups' who have not had the vaccine should still be encouraged to get the vaccine.

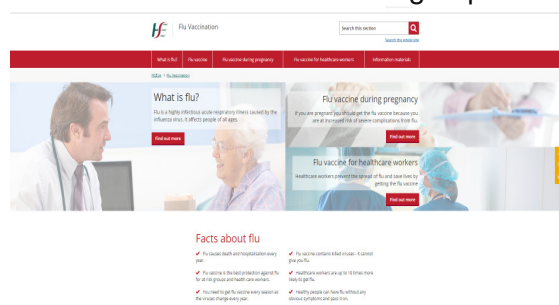
This particularly includes pregnant women and those who are newly diagnosed in the at risk groups.

The flu season continues until the end of April. All flu vaccines expire at the end of June 2018 and any unused vaccines should be returned once the 2017/2018 flu season is over.

Please do not send back any unused flu vaccine until after May 1st 2018.

Further information about the influenza vaccination campaign including a frequently asked questions section and a full list of the at risk groups is available. See information at <http://bit.ly/FLUHCP>

Additional details can be found in the new edition of the Influenza chapter of the Immunisation Guidelines for Ireland which is available at <http://bit.ly/NIAC11> Please visit www.hse.ie/flu for further information



HPV vaccine update

HPV vaccination is cancer prevention.

By December 2017, 244 million doses of HPV4 (Gardasil) and 34.5 million doses of Gardasil 9 have been distributed globally. Eighty four governments fund HPV immunisation programmes globally – 66 are female only programmes and 18 countries are now universally vaccinating both boys and girls against HPV to prevent cancer. There is now scientific evidence the HPV4 vaccine provides effective protection from HPV16 and 18 for 11 years without any evidence of waning immunity (January 2018). A recently published study from Finland reports that during a 7-year period of passive follow-up of the population-based Finnish Cancer Registry, no woman who had received the HPV vaccine developed a HPV related cancer. However ten women who had not received the HPV vaccine developed a HPV related cancer. The Health Products Regulatory Authority (HPRA) in Ireland continues to monitor the safety of HPV vaccine. All healthcare professionals and members of the public are encouraged to report any suspected adverse reactions associated with vaccination to the HPRA. The various methods of reporting are available at www.hpra.ie

Since the HPV4 (Gardasil) was authorised (i.e. licensed) in Ireland in 2006 and up to 31 December 2017

- 680,000 doses have been administered
- 238,000 girls fully vaccinated HPRA has received 1120 suspected adverse reactions/events associated with its use.

The majority of these reports have been consistent with the types of effects known to occur with the vaccine, as described in the product information.

- 18 reports received included the term 'chronic fatigue syndrome'
- 10 reports received included the term 'post viral fatigue'
- 5 reports received included the term 'auto immune disorder'
- These numbers are much less than expected.

**Please note that these figures are subject to constant change as new reports are received or information is provided that identifies an existing report as a duplicate of another case, leading to merging of reports etc. It is important also to note that not all of these reports have been medically confirmed, with reports received from a number of sources, including some directly from patients/family members.*

School immunisation programme 2017/18

HPV

Preliminary uptake of the first dose of HPV vaccine given in September/October 2017 has increased from 50% in 2016/17 to 61.7%.

The wide range of groups now promoting HPV vaccine including strong recommendations from GPs, practice nurses, pharmacists and other health professionals alliance, together with a HSE media campaign, has had an immediate impact.

A national HPV vaccine alliance was formed by the Irish Cancer Society in August 2017 with over 37 member organisations working in the areas of health and science, including the ICGP, women's rights and child welfare groups coming together to sign a "Contract Against Cancer, pledging commitment to raise awareness of the HPV vaccine and it's benefits in stopping cancer and saving lives.

School

In March, the HSE school immunisation teams will visit second level schools across the country to offer the HPV vaccine to all girls in first year of second level schools.

Any parent who has a daughter in second level school and would like them to join the HPV programme can do so by contacting their local school vaccination team and requesting an information pack.

Please continue sharing HPV vaccine facts as we know healthcare workers are the most trusted source for information about vaccines.

If you require additional copies of posters or factsheets about HPV vaccine please contact our office.

Visit www.hpv.ie for the latest information.

Tdap/MenC

All First year students are offered a booster dose of MenC and Tdap vaccines to maintain immunity from serious infectious diseases.

Uptake of both vaccines dropped in 2016/17 by 3-4% leaving more children exposed to these diseases.

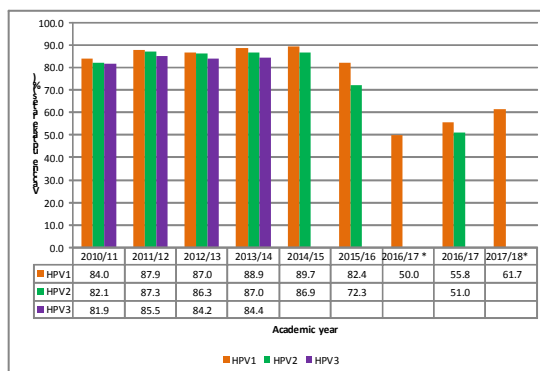
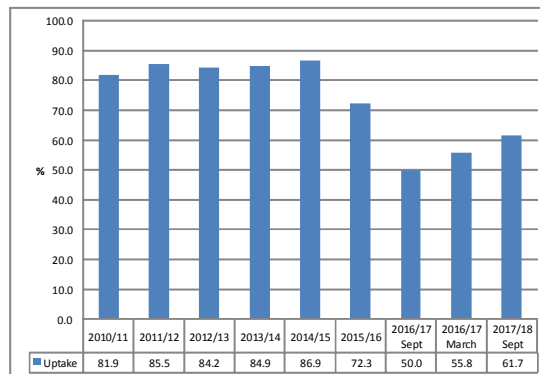
Tdap and MenC uptake 2012/13 – 2016/17 Source: HPSC

Pertussis outbreaks continue across the country.

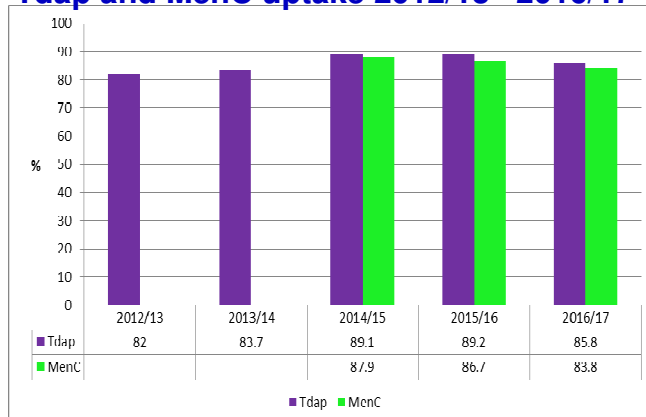
Adolescent vaccination not only protects the student but also infants who are most at risk of hospitalisation and death.

The highest rate of meningococcal disease occurs in children under 5 years of age but there is a second peak of cases in young people aged 15-19 years.

Please remind parents the adolescent boosters are the best way to protect their teenager from Meningococcal C (and the other serious diseases).



Tdap and MenC uptake 2012/13 – 2016/17



Source: HPSC

Importance of Tdap vaccine in pregnancy

There were 264 reported cases of pertussis in 2017. This is 75 more cases than reported in 2016. One infant died during a recent outbreak of pertussis in Co Longford.

Many pertussis cases have been reported in babies less than 6 months of age (too young to be fully vaccinated).

Pregnant women should be offered Tdap vaccine as early as possible after 16 weeks and up to 36 weeks gestation in each pregnancy, to protect themselves and their infant from pertussis.

Tdap vaccine can also be given at any time in pregnancy after 36 weeks gestation although it may be less effective in providing passive protection to the infant.

Tdap vaccine should be offered in the week after delivery to those women who were not vaccinated during their pregnancy.

Tdap vaccine is available from the National Cold Chain Service.

See a video developed by CUMH and information materials at <http://bit.ly/PertussisPreg>

**Protect
your baby,
protect
yourself**



Get the Whooping Cough Vaccine

Rotavirus oral vaccine

REMEMBER

After rotavirus vaccination, always remind parents to seek medical attention if their baby develops symptoms of intussusception.

If a baby is 8 months and 0 days of age or older then they should NOT receive any dose of rotavirus oral vaccine because of the slightly increased risk of intussusception.



www.immunisation.ie

 Health Service Executive

Common Queries

Question

Can I give the 13 month vaccines earlier?

Answer

The routine schedule for MMR, MenB, Hib/MenC and PCV vaccines is to give them over 2 visits.

MMR is a live vaccine and MenB, Hib/MenC and PCV are non live vaccines.

The Immunisation Guidelines advise “Non live and live vaccines may be administered simultaneously or at any interval between doses”

Therefore, if required, the Hib/MenC and PCV can be given at any time interval after the MMR and MenB vaccines. An interval of one month between the vaccinations is not required.

Common Queries

Question

What interval is required between 2 live vaccines?

Answer

The intervals required are outlined in Table 2.5 from the Immunisation Guidelines National Immunisation Advisory Committee guidelines below.

See: <http://bit.ly/NIACChapter2>

Question

Can a child visiting Ireland aged 4 months have the recommended 4 months vaccines?

Answer

The international standard advice on vaccination is that children should be vaccinated according to the schedule of the country where they are resident. (<http://bit.ly/NIACChapter2>) Children visiting Ireland should be vaccinated in accordance with the schedule of their country of residence. These vaccines must be sourced and administered privately.

Question

Do all women who have negative rubella serology during pregnancy require MMR vaccine?

Answer

No The National Immunisation Guidelines state that for:

'Satisfactory evidence of protection against rubella includes documentation of having received at least one dose of a rubella-containing vaccine or a positive antibody test for rubella.

Laboratory investigation to determine vaccine response is not routinely recommended' -'

Over 95% of recipients are likely to develop lifelong immunity to rubella after a single dose of a rubella containing vaccine. See information at <http://bit.ly/NIACChapter20>

Question

Is there a catch up programme for hepatitis B vaccine?

Answer

When Hepatitis B vaccine was added to the childhood immunisation schedule in 2008 the National Immunisation Advisory Committee (NIAC) did not recommend a catch-up programme for children in Ireland already vaccinated with 5 in 1 vaccine unless they were in an at risk group. If the child is in an at risk category the vaccine is available from the National Cold Chain Service. However if parents/guardians request the hepatitis B vaccine for their child and if the child is not in any "at risk" group this vaccination would have to be organised privately.

Question

The SmPC information for Menitorix states this should not be used over the age of 2 years. This differs from the advice given by NIAC, why is this ?

Answer

Each chapter of the NIAC guidelines state

"In some circumstances, advice in these guidelines may differ from that in the Summary of Product Characteristics of the vaccines. When this occurs, the recommendations in these guidelines, which are based on current expert advice from NIAC, should be followed".

Both NIAC and the UK Joint Committee on Vaccination and Immunisation (JCVI) recommend combined Hib/MenC in those over 2 years to prevent Meningococcal and Haemophilus influenzae type b disease.

Antigen combination	Recommended Interval between doses
MMR and yellow fever*	MMR and yellow fever should not be administered on the same day. They should be given at least 4 weeks apart
MMR, varicella and zoster vaccine	Can be given on the same day, if not they should be given at least 4 weeks apart
BCG, rotavirus, live attenuated influenza vaccine (LAIV), MMR, oral typhoid vaccine, varicella, yellow fever, and zoster	Apart from the combinations listed above , can be given on the same day or at any time before or after each other
Non live vaccines	May be administered simultaneously or at any interval between doses
Non live and live vaccines	May be administered simultaneously or at any interval between doses

*MMR and yellow fever. If these vaccines are given at the same time there may be reduced immune responses to the mumps, rubella and yellow fever antigens so a four week interval should be left between them. If protection is required rapidly the vaccines may be given at any interval and an additional dose of MMR given at least 4 weeks later.

Information Materials

We provide information materials for all of our immunisation campaigns. You can order information materials for your patients and your staff from www.healthpromotion.ie.

If you would like to register an account for your practice please follow the how to guide available from <http://bit.ly/InfoMats>

Website

Please visit our WHO accredited websites regularly to view the most up to date information about immunisation.

Visit www.immunisation.ie for all of your immunisation information

For information about HPV please visit www.hpv.ie

For information about Flu please visit www.hse.ie/flu

Social Media

Are you following us on Twitter? Our handle is [@HSEImm](https://twitter.com/HSEImm)

Search for our hashtags and join the conversation
 #ProtectOurFuture for HPV tweets
 #YourBesShot for Flu tweets
 #VaccinesWork for vaccine related tweets

National Immunisation Office Staff

Dr Brenda Corcoran, Consultant in Public Health Medicine
 Dr Tom Barrett, Senior Medical Officer
 Dr Anna Clarke, Consultant in Public Health Medicine
 Mr Peter Darcy, Information Officer
 Ms Mary Dowling, Business Manager
 Ms Cliona Kiersey, Chief Pharmacist
 Ms Vicky McKenna, National Immunisation and Childhealth Information System (NICHIS) Project Support
 Ms Yvonne Morrissey, Communications Manager
 Ms Kerry Ryder, General Manager and Project Manager, NICHIS

If you have a query or would like to get the newsletter emailed directly to you, please contact us at immunisation@hse.ie



Current Vaccines List Updated March 2018**Primary Childhood Vaccines**

Vaccine	Product Name	Manufacturer	Pack Size
6 in 1	INFANRIX HEXA	GSK	10
Men B	BEXSERO	GSK	1
MenC	MENJUGATE	GSK	1
PCV	PREVENAR 13	Pfizer	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	MSD	1
Rota	ROTARIX	GSK	10
Hib/MenC	MENITORIX	GSK	1

Adult Vaccines

Vaccine	Product Name	Manufacturer	Pack Size
Td	DITE BOOSTER	AJ Vaccines	5
Pneumococcal	PNEUMOVAX 23	MSD	1
Influenza	Inactivated Influenza (Split Virion) BP	Sanofi Pasteur	10

Vaccines Used By HSE

Vaccine	Product Name	Manufacturer	Pack Size
Tuberculin	TUBERCULIN 2 TU	AJ Vaccines	10
4 in 1	IPV-BOOSTRIX	GSK	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	MSD	1
Tdap	BOOSTRIX	GSK	1
HPV4	GARDASIL	MSD	1
MenC	MENJUGATE	GSK	1

Restricted Vaccines Requiring Authorisation

Vaccine	Product Name	Manufacturer	Pack Size
Hepatitis A	AVAXIM	Sanofi Pasteur	1
Hepatitis A	HAVRIX Junior Monodose	GSK	1
Hepatitis A	HAVRIX ADULT	GSK	1
Hepatitis B	ENGERIX (adult)	GSK	1
Hepatitis B	ENGERIX (paediatric)	GSK	1
Hepatitis B	FENDRIX (renal insufficiency)	GSK	1
Hepatitis B	HBVAXPRO 5mcg	MSD	1
Hepatitis B	HBVAXPRO 10mcg	MSD	1
Hepatitis B	HBVAXPRO 40mcg	MSD	1
Hepatitis A+B	TWINRIX (adult)	GSK	1
Hepatitis A+B	TWINRIX (paediatric)	GSK	1
Hib	HIBERIX	GSK	1
4 in 1	INFANRIX-IPV	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur	1
MenACW135Y	MENVEO	GSK	1