

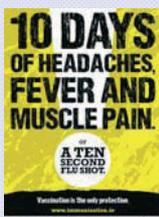
# National Immunisation News

The newsletter of the HSE National Immunisation Office

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## Seasonal Flu Campaign 2011 - 2012



This year the HSE is using Inactivated Influenza Vaccine (Split Virion) BP manufactured by Sanofi Pasteur MSD which comes in boxes of 10 pre filled syringes. This vaccine will be familiar to you as it was also used in recent seasonal influenza campaigns.

The National Immunisation Advisory Committee (NIAC) has made the following recommendations for this years campaign.

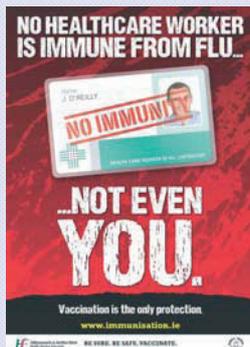
**As always NIAC recommendations supersede the Summary of Product Characteristics (SPC) and Patient Information Leaflet (PIL) from the vaccine manufacturer.**

- \* All pregnant women should receive seasonal influenza vaccine . The vaccine can be given at any stage of pregnancy.
- \* People with a known anaphylactic hypersensitivity reaction to eggs can be given an influenza vaccine with a low ovalbumin content. The influenza vaccine used in this year's campaign has a low ovalbumin content (containing no more than 0.024 µg ovalbumin per dose).
- \* All children in at risk groups receive a full dose of seasonal influenza vaccine (0.5mls).
- \* In children aged 12-23 months of age it may be prudent to separate PCV13 and seasonal influenza vaccines by an interval of at least one week to decrease the risk of febrile convulsions occurring.

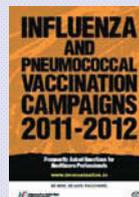
This year new regulations have been introduced to allow pharmacists to give flu vaccine. Pharmacists will provide flu vaccine to anyone aged 65 and older under the HSE flu vaccination programme.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



Information materials can be ordered from [www.healthpromotion.ie](http://www.healthpromotion.ie)



## Pneumococcal Polysaccharide Vaccine (PPV23)

### How often is vaccination with PPV23 required?

Revaccination is not normally required.

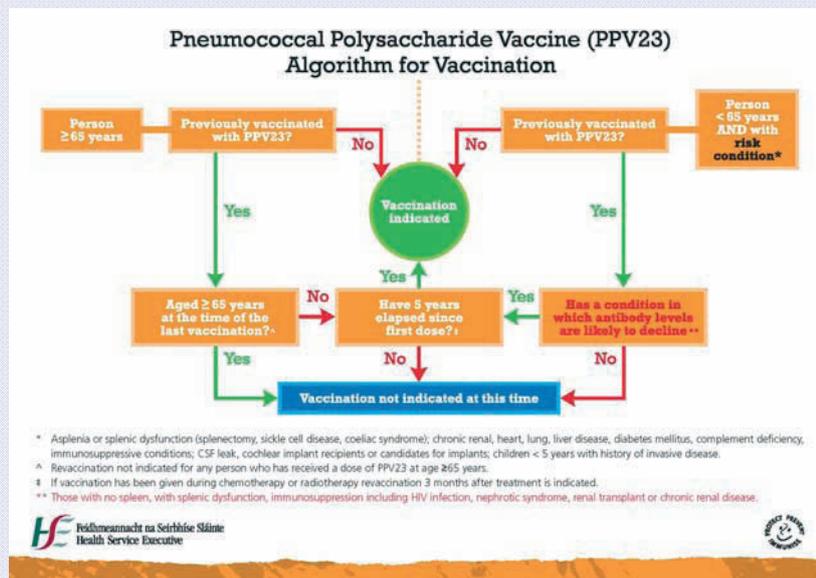
Revaccination with PPV23 can produce severe local reactions especially if given within 5 years of a previous injection.

A **once only** booster vaccination is recommended 5 years after the first vaccination for those;

- \* Aged 65 years and older if they received their first dose more than 5 years before **AND** were less than 65 years of age at the time of that dose.
- \* Whose antibody levels are likely to decline rapidly.

A second dose of PPV23 vaccine is recommended 3 months after treatment if the first dose was given during chemotherapy or radiotherapy.

Please consult your PPV algorithm available in the FAQs booklet "Influenza and Pneumococcal vaccination campaign 2011-2012"



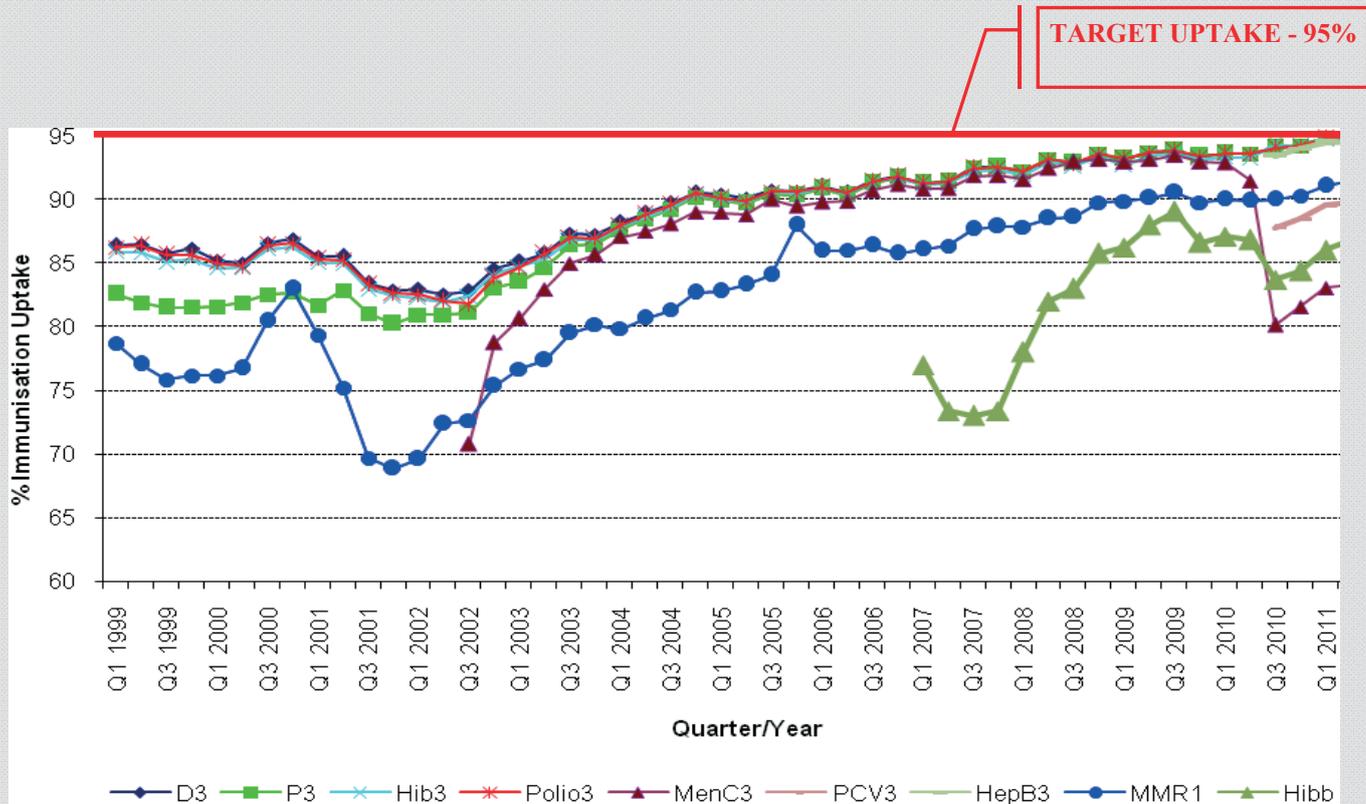
Additional copies of the algorithm are available from [www.healthpromotion.ie](http://www.healthpromotion.ie).

## Should children receive analgesia or antipyretics prior to vaccination?

Use of antipyretics e.g. paracetamol and ibuprofen, before or shortly after vaccination is common. However, a recent study has shown that antipyretics can reduce vaccine efficacy and should not be given routinely. They may be considered for treatment of fever  $>39.5^{\circ}\text{C}$  or for large local reactions.

Prymula R, Siegrist CA, Chlibek R, Zemlickova H, Vackova M, Smetana J, Lommel P, Kaliskova E, Borys D, Schuerman L. Effect of prophylactic paracetamol administration at time of vaccination on febrile reactions and antibody responses in children: two open-label, randomised controlled trials. *Lancet*. 2009 Oct 17;374(9698):1339-50.

## National Quarterly Immunisation Uptake



Source: HPSC, Quarterly Reports 2011

Immunisation uptake rates are published on a quarterly basis by the Health Protection Surveillance Centre and are available at

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

Uptake for Quarter 2, 2011 shows that nationally at 24 months PCV3 (90%), Hib booster (87%) and MenC3 (83%) are below the World Health Organization target of 95%.

**Please encourage parents to bring their children for both their 12 and 13 month vaccines.**

### ALERT about Pertussis Outbreaks

There have been a number of recent outbreaks of pertussis (whooping cough) in school going and in younger children around the country. Pertussis can occur in children too young to be vaccinated and also in people who were vaccinated as children due to waning immunity. Some Irish adults were not vaccinated in the 1970s and 1980's due a vaccine scare with the whole cell pertussis vaccine. All pertussis containing vaccines now used in Ireland are acellular pertussis vaccines. The recommended schedule for vaccination against whooping cough is at 2, 4, and 6 months with booster doses at 4-5 years of age and in first year of second level schools.

**Make sure all children are up to date with their pertussis vaccines.**

Further information available at [www.immunisation.ie](http://www.immunisation.ie) and [www.hpsc.ie](http://www.hpsc.ie)

## Immunisation Guidelines

The National Immunisation Advisory Committee (NIAC) has made a number of changes to the Immunisation Guidelines. These can be found at

[www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/](http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/)

### Changes to NIAC guidelines

#### Human Papillomavirus (Chapter 6a)

- \* Alternative schedule for the bivalent vaccine,
  - The second dose can be administered between 1 month and 2.5 months after the first dose and the third dose between 5 and 12 months after the first dose.
- \* The bivalent and quadrivalent vaccines are not interchangeable - the same vaccine should be used to complete the course.

#### Influenza (Chapter 7)

- \* Changes as outlined on page 1 of this newsletter.

#### Meningococcal (Chapter 9)

- \* NEW licensed ACW135Y vaccine (Menveo), is available from the HSE National Cold Chain Service for children and adults at increased risk of meningococcal disease and contacts of cases of A, W135 or Y infections.

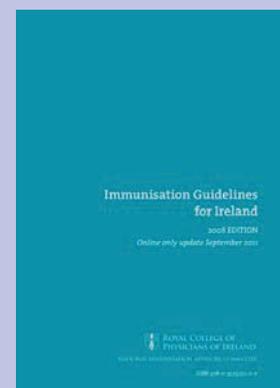
#### Rubella (Chapter 14)

- \* Non immune women of child bearing age who need to be protected against rubella should be offered 1 dose of MMR vaccine.

#### Tuberculosis (Chapter 16)

- \* Immunomodulators e.g. TNF-alpha inhibitors, cytotoxins etc. added to contraindications to BCG vaccination.
- \* BCG vaccine can be given to low-birth weight infants before discharge from neonatal facilities when they have reached 34-35 weeks gestation, irrespective of their weight.

There are also changes regarding Hepatitis A (Chapter 5) and Varicella (Chapter 17) as well as new recommendations about Rotavirus (Chapter 13a).



## MEASLES IN NORTH DUBLIN

There has been a rapid increase in the numbers of measles cases in Ireland in recent weeks in children who are not fully vaccinated. Most cases of measles have occurred in Dublin North City but there have also been cases in other parts of the country. Please encourage parents to get MMR vaccination for;



- \* Preschool or primary school children who never had MMR vaccine,
- \* Primary school children who missed out on the 2nd dose of MMR vaccine,
- \* School children where it is unclear if they have had the full course of 2 doses of MMR,
- \* Contacts of a measles case (including infants aged 6 to 12 months) Contacts should attend their GP for vaccination within 72 hours of contact with a case.

Further information is available at [http://www.immunisation.ie/en/HotTopics/Text\\_16399\\_en.html](http://www.immunisation.ie/en/HotTopics/Text_16399_en.html)

## HSE Schools Immunisation Programme 2011/2012

In the 2011/2012 academic year the HSE is continuing the routine HPV vaccination programme for first year girls which commenced in 2010. In addition there is a HPV catch-up programme for sixth year girls. This will also be repeated in 2012 and 2013 for sixth year girls and then all girls in the senior cycle of second level school will have been offered HPV vaccine.

Tdap\* (low dose tetanus, diphtheria and acellular pertussis vaccine) is being introduced to the Schools Immunisation Programme for first year students in 2011/2012 on a phased basis in 19 Local Health Office's (LHO's) and will be introduced in the other areas from September 2012.

Immunisation	School class	Delivery of Immunisation Programme
4 in 1 (DTaP-IPV) and MMR 2 <sup>nd</sup> dose	Junior Infants	HSE via primary schools in 25 LHOs GPs in 7 LHOs <sup>(a)</sup>
Tdap*	First Year second level schools	HSE via 2 <sup>nd</sup> level schools in 19 LHOs <sup>(b)</sup>
HPV routine (girls only)	First year second level schools & age equivalent in special schools (3 doses)	HSE via 2 <sup>nd</sup> level schools in all 32 LHOs
HPV catch up (girls only)	Sixth year second level schools & age equivalent in special schools, Youthreach or Community Training Centres (3 doses)	HSE via 2 <sup>nd</sup> level schools in all 32 LHOs
BCG (if not already vaccinated)	5 <sup>th</sup> & 6 <sup>th</sup> Class	Galway, Mayo and Roscommon only.

<sup>(a)</sup> Dublin North Central, Meath, Louth, Cavan/Monaghan, Donegal, Sligo/Leitrim, Galway, Mayo.

<sup>(b)</sup> Dublin South, Dublin South East, Wicklow, Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow, Louth, Meath, Cavan/Monaghan, Carlow/Kilkenny, Tipperary South, Waterford, Wexford, Clare, Tipperary North/East Limerick, Limerick, Galway, Mayo, Roscommon, Sligo/Leitrim, Donegal.

## HPV VACCINE

### Spurious claims about vaccine contamination

The HSE is aware of correspondence being sent to principals of second level schools and national media with concerns that Gardasil, the HPV vaccine used in the national programme is "contaminated with viral DNA".

Gardasil is made in the same way as many other vaccines by using DNA to make proteins. Very small amounts of DNA may be found in any vaccine made in this way.

Many studies have show there is no link between these very small amounts of DNA and any side effects from Gardasil or any other vaccine.

The European Medicines Agency is responsible for the regulation of all medicines. They have examined these concerns and confirmed that Gardasil is considered to be safe and effective.

The full EMEA statement is available at

[http://www.ema.europa.eu/ema/index.jsp?curl=pages/news\\_and\\_events/news/2011/09/news\\_detail\\_001350.jsp&mid=WC0b01ac058004d5c1](http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2011/09/news_detail_001350.jsp&mid=WC0b01ac058004d5c1)



## Mixing of Vaccines

The following table outlines the presentation and instructions for use for vaccines used in the primary childhood immunisation programme.

Trade name	Presentation	Needles	Instructions
Infanrix hexa	Prefilled syringe with DTaP/IPV/Hep B Vial containing Hib powder	2 unattached needles 1 for reconstitution 1 for administration	Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change needle and administer.
Menjugate	Prefilled syringe with diluent Vial containing Men C powder	2 unattached needles 1 for reconstitution 1 for administration	Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change needle and administer.
Priorix	Prefilled syringe with diluent Vial containing MMR powder	2 unattached needles 1 for reconstitution 1 for administration	Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change needle and administer.
MMR Vax Pro	Prefilled syringe with diluent Vial containing MMR powder	2 unattached needles 1 for reconstitution 1 for administration	Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change needle and administer.
Hiberix	Prefilled syringe with diluent Vial containing Hib powder	2 unattached needles 1 for reconstitution 1 for administration	Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change needle and administer.
Act Hib	Prefilled syringe with diluent Vial containing Hib powder	No needle supplied	Attach appropriate needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change needle and administer.
Infanrix IPV	Prefilled syringe with DTaP/IPV	2 unattached needles	Attach age/size appropriate needle to syringe and administer.
Tetravac	Prefilled syringe with DTaP/IPV	No needle supplied	Attach age/size appropriate needle to syringe and administer.
Prevenar 13	Prefilled syringe with PCV	1 unattached needle	Attach age/size appropriate needle to syringe and administer.

**NOTE - VACCINES SHOULD BE RECONSTITUTED AS RECOMMENDED BY THE VACCINE MANUFACTURER.**

**RECONSTITUTED VACCINES SHOULD NOT BE MIXED IN THE SAME SYRINGE**

- WITH OTHER RECONSTITUTED VACCINES OR
- WITH OTHER PREFILLED VACCINES

## Current Vaccines List Updated October 2011

### 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
Hib	Act-Hib	Sanofi Pasteur MSD	1
4 in 1	TETRAVAC	Sanofi Pasteur MSD	1
4 in 1	INFANRIX-IPV	GSK	1

### Adult Vaccines

Vaccine	Product Name	Manufacturer	Pack Size
Td	DITE BOOSTER	SSI	5
Influenza	INACTIVATED INFLUENZA VACCINE (Split Virion) BP	Sanofi Pasteur MSD	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	TETRAVAC	Sanofi Pasteur MSD	1
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
	AVAXIM	Sanofi Pasteur MSD	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
Hepatitis A+B	HBVAXPRO 10mcg	Sanofi Pasteur MSD	1
	HBVAXPRO 40mcg	Sanofi Pasteur MSD	1
	TWINRIX (adult)	GSK	1
Td/IPV	TWINRIX (paediatric)	GSK	1
	Revaxis	Sanofi Pasteur MSD	1
Tdap/IPV	IPV-Boostrix	GSK	1

## Ordering Immunisation Materials

Did you know you can order information materials for your patients and for other health professionals in your workplace? Materials can be ordered from [www.healthpromotion.ie](http://www.healthpromotion.ie)

### Why register as a healthcare professional?

- \* You will benefit from being able to access more information materials,
- \* You can order larger quantities of materials for your workplace and patients,
- \* Your delivery details are stored on our secure system so you can reorder without entering your details each time,
- \* You can track your order from order receipt to delivery,
- \* You can access other health promotion materials for your patients or work colleagues.

To register as a healthcare professional please use the following link

<http://www.healthpromotion.ie/publication/register>

There is a FAQ page that should answer any questions you have

<http://www.healthpromotion.ie/faq>

If you have any other questions please use the contact us tab

[http://www.healthpromotion.ie/contact\\_us](http://www.healthpromotion.ie/contact_us)



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