# History and aims of immunisation Dr Brenda Corcoran National Immunisation Office





### **Objectives**

- To examine the history of immunisation
- To explain the aim of immunisation
- To develop an understanding of the role of the following agencies in relation to immunisation
  - The National Immunisation Advisory Committee (NIAC)
  - The Department of Health (DoH)
  - The Health Service Executive (HSE)
  - The National Immunisation Office (NIO)
  - The Health Protection Surveillance Centre (HPSC)
- To understand the importance of infectious disease surveillance in Ireland





### Smallpox



Variola virus

Infected humans 10,000 years ago

Known in China 11th century BC

Inoculation described 6th century BC

1796 vaccinia virus isolated

Edward Jenner (1749 –1823)





### Smallpox



"More mites die from vaccination than from the disease they are supposed to be inoculated against"

George Bernard Shaw 1929





### Smallpox



1977 Last reported case Somalia

1980 WHO declared eradication

CDC. Public Health Images Library (PHIL) id# 131. Source: CDC/Barbra Rice







### Polio

Endemic for thousands of years

1955 Inactivated polio vaccine

Figure 1.2 A ward of patients suffering from bulbar poliomyelitis

1962 Live oral polio vaccine





### Polio

Immunisation campaigns in Cuba and Eastern Europe

Wild polio virus eradicated in large areas

Basis for eradication

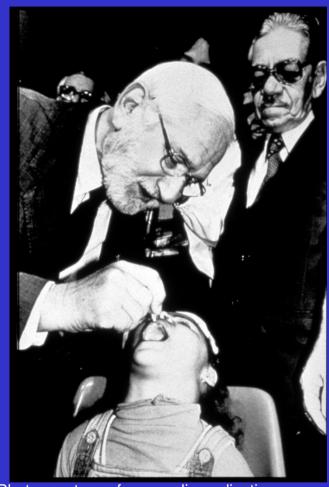


Photo courtesy of www.polioeradication.org

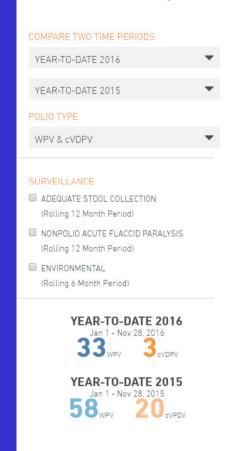


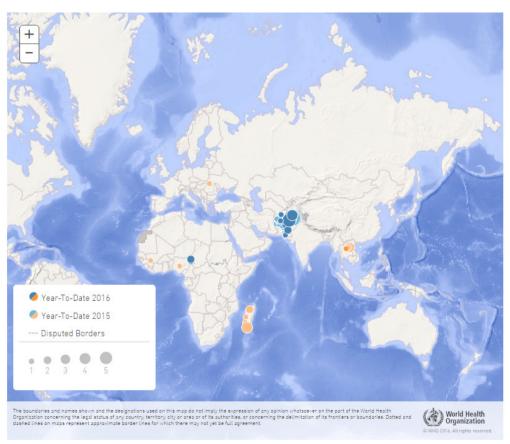


### Polio

### **POLIO NOW**

An interactive map shows cases of polio and surveillance indicators worldwide within the desired timeframe and available data, as well as environmental samples in endemic countries.





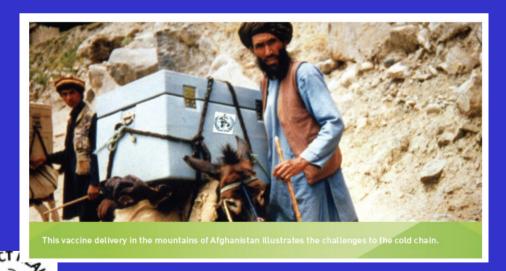




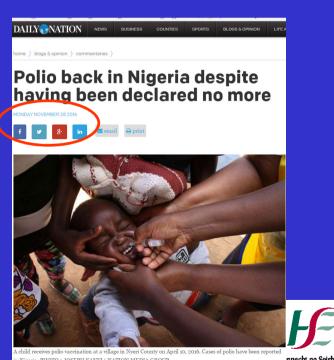
#### Global Polio Eradication Initiative

### **Polio 2016**

- 74 cases in 2015
- 33 cases to date in 2016
- 3 in non endemic countries
- Pakistan/ Afghanistan/ Nigeria







Health Service Executive

## Average USA Annual Morbidity Due to Vaccine Preventable Diseases in the 20th Century compared with Morbidity in 2013 (for pre-1990 vaccines)

Comparison of 20<sup>th</sup> Century Annual Morbidity & Current Morbidity

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Disease	20 <sup>th</sup> Century Annual Morbidity*	2013 Reported Cases <sup>†</sup>	% Decrease		
Smallpox	29,005	0	100%		
Diphtheria	21,053	0	100%		
Pertussis	200,752	28,639	86%		
Tetanus	580	26	96%		
Polio (paralytic)	16,316	1	>99%		
Measles	530,217	187	>99%		
Mumps	162,344	584	>99%		
Rubella	47,745	9	>99%		
CRS	152	1	99%		
Haemophilus influenzae	20,000 (est.)	31 <sup>§</sup>	>99%		

#### Sources:

- \* JAMA. 2007;298(18):2155-2163
- † CDC. MMWR August 15, 2014;63(32);702-715. (MMWR 3013 final data)
- § Haemophilus influenzae type b (Hib) <5 years of age. An additional 10 cases of Hib are estimated to have occurred among the 185 reports of Hi (<5 years of age) with unknown serotype.





### Comparison of Pre-Vaccine Era Estimated Annual Morbidity with Current Estimate

With Gallon Louinato						
Disease	Pre-Vaccine Era Annual Estimate	2013 Estimate (unless otherwise specified)	% Decrease			
Hepatitis A	117,333 <sup>*</sup>	2,890 <sup>†</sup>	98%			
Hepatitis B (acute)	66,232 <sup>*</sup>	18,800 <sup>†</sup>	72%			
Pneumococcus (invasive) All ages <5 years of age	63,067* 16,069*	33,500 <sup>¶</sup> 1,900 <sup>§</sup>	47% 88%			
Rotavirus (hospitalizations <3 years of age)	62,500 <sup>‡</sup>	12,500**	80%			
Varicella	4,085,120 <sup>*</sup>	167,490 <sup>††</sup>	96%			

#### Sources:

- \* JAMA. 2007;298(18):2155-2163
- † CDC. Viral Hepatitis Surveillance United States, 2011
- ¶ CDC. Active Bacterial Core surveillance Provisional Report; S. pneumonia 2013.
- § CDC. Unpublished, Active Bacterial Core surveillance
- ‡ CDC. MMWR. February 6, 2009 / 58(RR02); 1-25
- \*\* New Vaccine Surveillance Network 2013 data (unpublished); U.S. rotavirus disease now has biennial pattern
- †† CDC. Varicella Program 2013 data (unpublished)





### Aim of immunisation

 The aim of immunisation is the prevention of disease in individuals or groups.

### Examples

- 1980 elimination of smallpox (WHO)
- 1991-Elimination of polio from the Americas

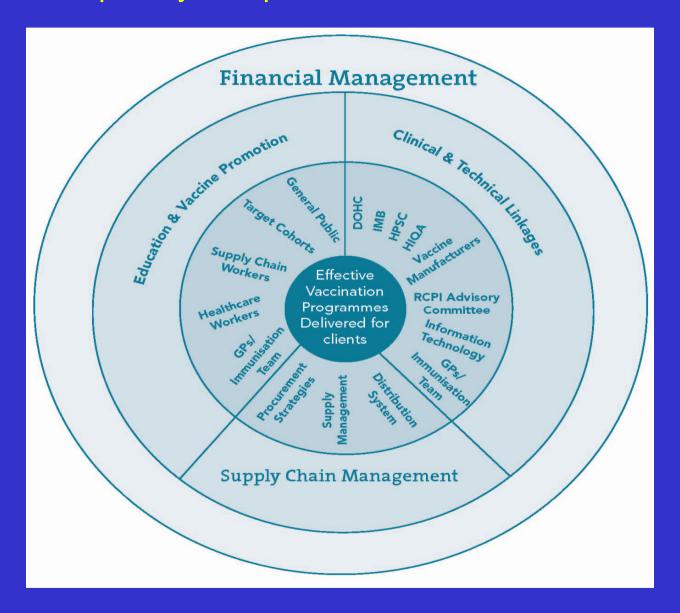
### Achieved by

- a comprehensive immunisation programme achieving the World Health Organisation target uptake of 95% for childhood vaccines and 75% for influenza vaccines
- intensive surveillance of these diseases





### Multidisciplinary components of an immunisation system







## The National Immunisation Advisory Committee (NIAC)

- Independent committee of the RCPI
- Variety of experts
- Advises the Department of Health
- Produces the National Immunisation Guidelines for Ireland
   Based on
  - best evidence regarding the safety and efficacy of vaccines
  - the disease burden
  - pharmacoeconomic analyses







### The Department of Health (DoH)

 Responsible for making policy decisions regarding the immunisation programme including changes to the current immunisation programme

### The Health Products Regulatory Authority (HPRA) (formerly the Irish Medicines Board)

- Regulatory body responsible for licensing of vaccines and ensuring their quality and safety and efficacy
- Responsible for monitoring and evaluation of adverse events following immunisation





### **HSE**

- Responsible for the implementation of the primary childhood, school immunisation and seasonal influenza vaccination programmes
- Delivered by general practitioners (GPs), practice nurses, pharmacists, community health doctors and public health nurses and support staff





### The National Immunisation Office (NIO)

#### **Coordinating Unit**

- Standardised implementation of all publicly funded immunisation programmes
- Protocols and immunisation training
- Information materials for the general public
- National immunisation website www.immunisation.ie
- Vaccine contracts and the HSE National Cold Chain delivery Service to provide vaccine deliveries to all GPs, hospitals and HSE clinics
- Development of a national IT database
  - Currently different PCI IT systems modified with any changes to schedule
  - School immunisation system





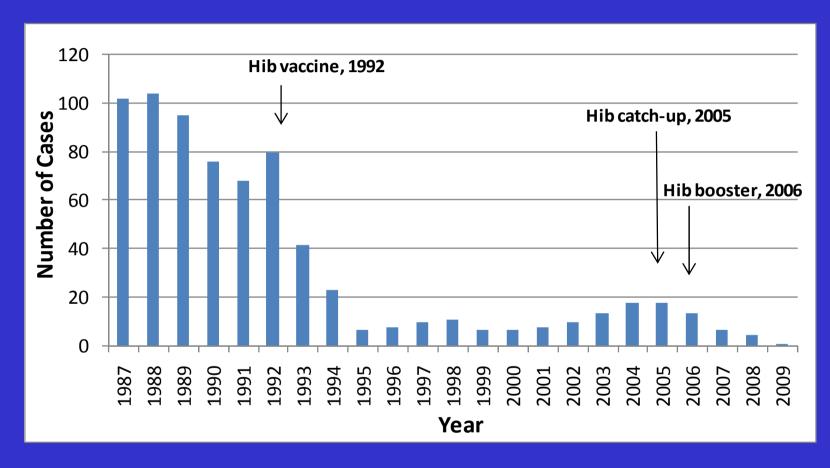
# Health Protection Surveillance Centre (HPSC)

- Responsible for surveillance of vaccine preventable diseases
- Monitors immunisation uptake data from each HSE area and reports on uptake rates





### Importance of surveillance - Hib catch up 2006

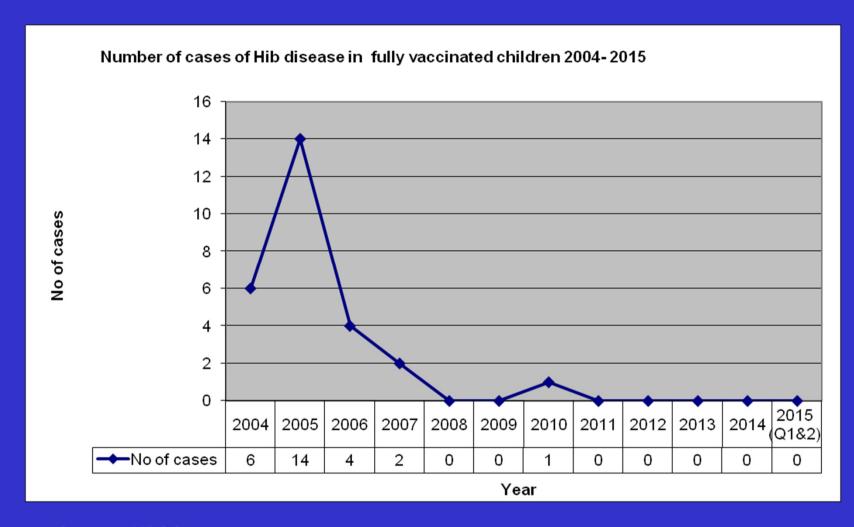


**Source: HPSC** 





### Impact of Hib campaign

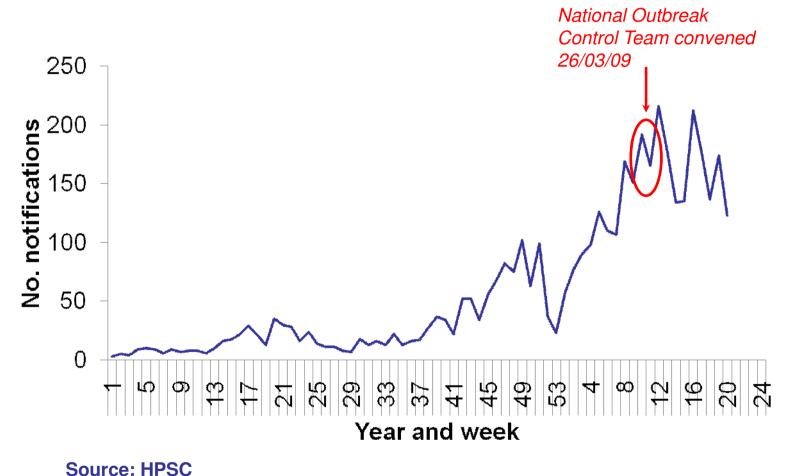


**Source: HPSC** 





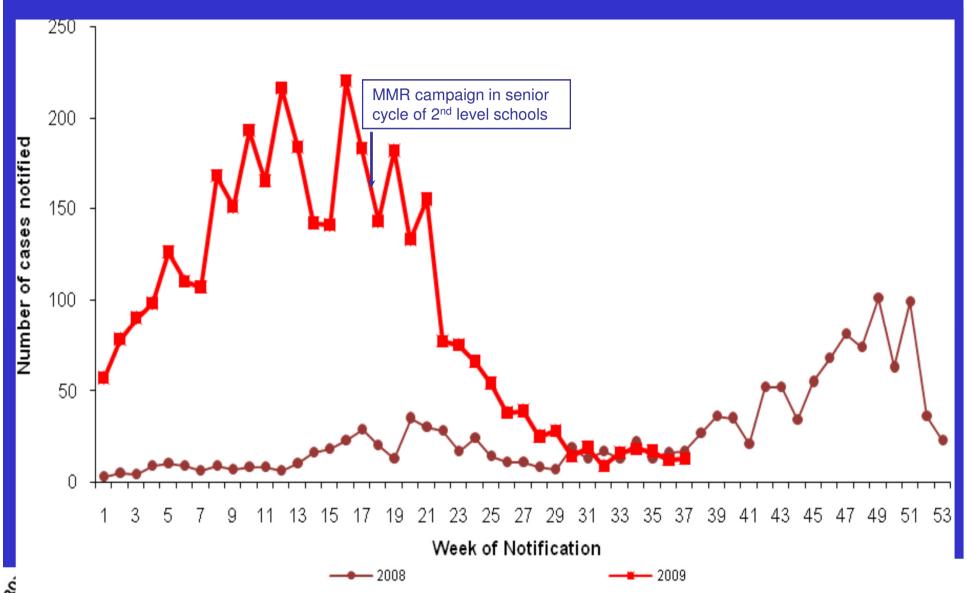
# Importance of surveillance Mumps notifications, in Ireland 2008-week 20 2009\*





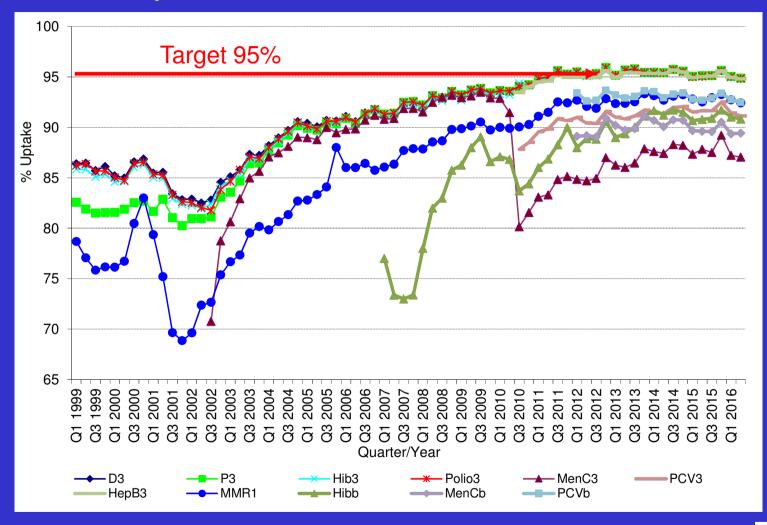


### Mumps notifications 2008 and 2009



Data were extracted from the Computerised Infectious Disease Reporting (CIDR) system on the 25/09/2009. 2009 data are provisional.

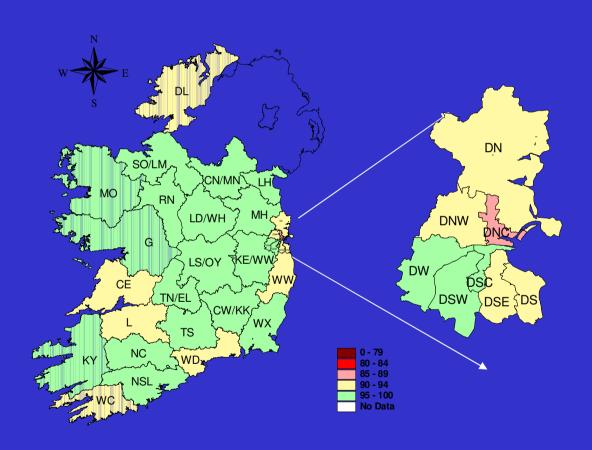
### Vaccine uptake rate at 24 months 1999-2016







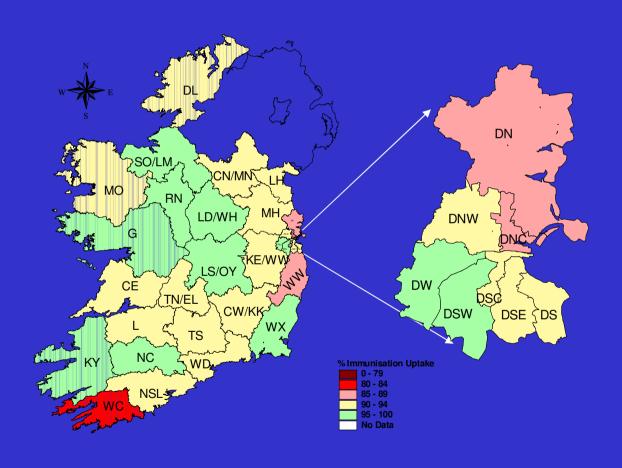
# Quarter 2 2016 D3 immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)







# Quarter 2 2016 MMR immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)







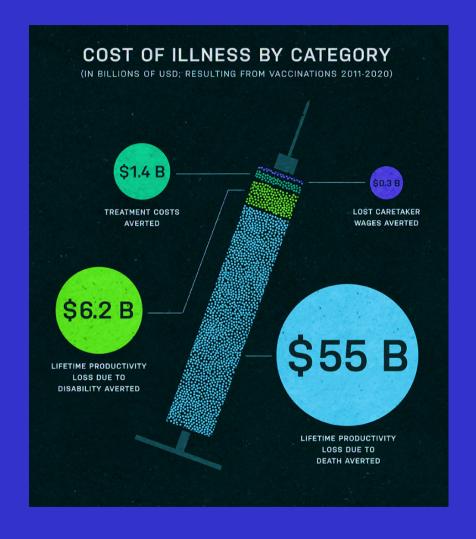
### Economic benefits of immunisation







### Economic benefits of immunisation







### Why immunise?

 Immunisation is one of the most cost effective and safest of all health interventions

 Immunisation has saved more lives than any other public health intervention apart from the provision of clean water







### More information



#### July 2016

Changes to the Primary Childhood Immunisation Programme
The National Immunisation Advisory Committee (NIAC) has recommended the addition of meningococcal B (Men8) and rotavirus vaccines to the primary childhood programme.

The new schedule outlined below will be introduced for all bables born on or after October 1st 2016.

CURRENT SCHEDULE

Bables born on or after

			1s	st October 2016	
Age (months)	Vaccine	No of injections	Vaccine	No o	
2	6 in 1 +PCV	2	6 in 1 + PCV+ Ment		
4	6 in 1 + MenC	2	6 in 1 + MenB + Rot	Ø∰© ROY	
6	6 in 1 + PCV	2	6 in 1 + PCV + Mer		
12	MMR + PCV	2	MMR + MenB		
13	MenC + Hib	2	Hib/MenC + PCV		

#### Contents

- Changes to the PCI Programme
- · Measles outbreak, Ireland 2016
- BCG vaccine shortage
- Primary School Vaccination Programme 2016/2017
- · Tdap vaccination in pregnancy
- · HPV Vaccine Safety
- Fatal diphtheria case in unvaccinated 3-year-old child in Belgium 2016
- Students going to college
- Common Queries



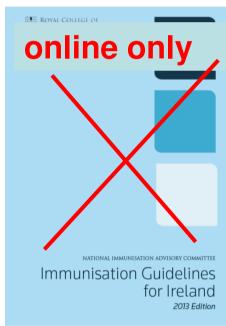
6 in 1

PCV MenB Rotavirus MenC MMR Hib/MenC

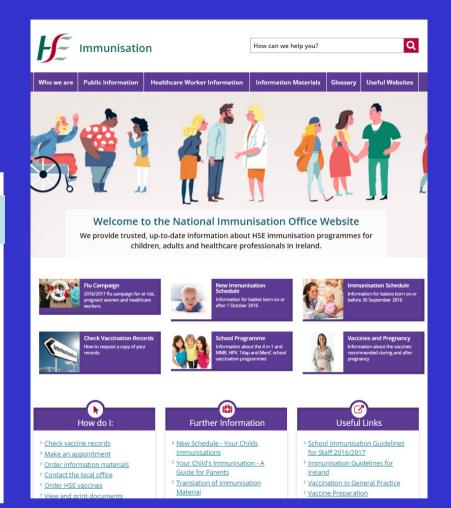
Measles of An outbreak Ireland. Seve the areas measles affected are I East, South, and Midwest Most of these cases are under 30 year of age.

under 30 year of age.

Most of thos: who have be had been into not had the livaccine. See MainBody.15



No of injections



nttp://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines



