

# Late Entrants to the Immunisation Programme

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# Global Child Mortality

2000 - deaths <5 years  
~ 9.6 million



Immunisation  
WASH  
Education



2016 - deaths <5 years  
~ 5.6 million  
(despite increase in number of children  
born)

# European Vaccine Action Plan 2015-2020

- Sustain polio-free status
- Eliminate measles and rubella
- Control hepatitis B infection
- Meet regional vaccination coverage targets
- Make evidence-based decisions on introduction of new vaccines
- Achieve financial sustainability of national immunisation programmes

- Interruption of measles and rubella virus transmission for more than 12 months (2015)
- Measles and rubella elimination (2018)

## Late entrants

- Incompletely vaccinated children should be immunised as soon as possible
- Vaccines and number of doses depend on the child's age
- Records may not be accurate – accept with caution
- Inefficacy of vaccines may be due to :
  - Improper storage or handling
  - Immune defects (e.g. severe malnutrition)

# Late entrants

Unless reliable documentation



Assume to be unimmunised



Catch-up programme

Table 2.3 Catch-up schedule for children and adults

Vaccine	4 months to <12 months	1 to < 4 years	4 to <10 years	10 to <18 years	18 years and older
BCG	1 dose	1 dose	1 dose	1 dose (up to 15 years of age if in low risk group or up to 35 years of age if in high risk group)	1 dose (up to 35 years of age if in high risk group)
6 in 1 (DTaP/IPV/Hib/Hep B)	3 doses 2 months apart	3 doses 2 months apart	3 doses 2 months apart		
Men C	1 dose	1 dose	1 dose	1 dose (if given after 10 years of age, adolescent MenC booster not required)	1 dose (up to 23 years of age)
PCV	2 doses 2 months apart	1 dose (omit if $\geq 2$ years of age <sup>2</sup> )			
MMR <sup>3</sup>		1 dose	2 doses 1 month apart	2 doses 1 month apart	2 doses 1 month apart <sup>4</sup>
Tdap/IPV				3 doses 1 month apart	1 dose <sup>5</sup>
Td/IPV					1 month after Tdap/IPV 2 doses 1 month apart
<b>NOTE</b>	Continue with routine childhood immunisation schedule from 12 months.	Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course, MMR at least 1 month after previous dose]	Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course]	Boosters of Tdap/IPV 5 years after primary course and Tdap 10 years later	

<sup>1</sup>One dose of single Hib vaccine may be given to children over 12 months of age and up to 10 years of age if this is the only vaccine they require

<sup>2</sup>Unless at increased risk

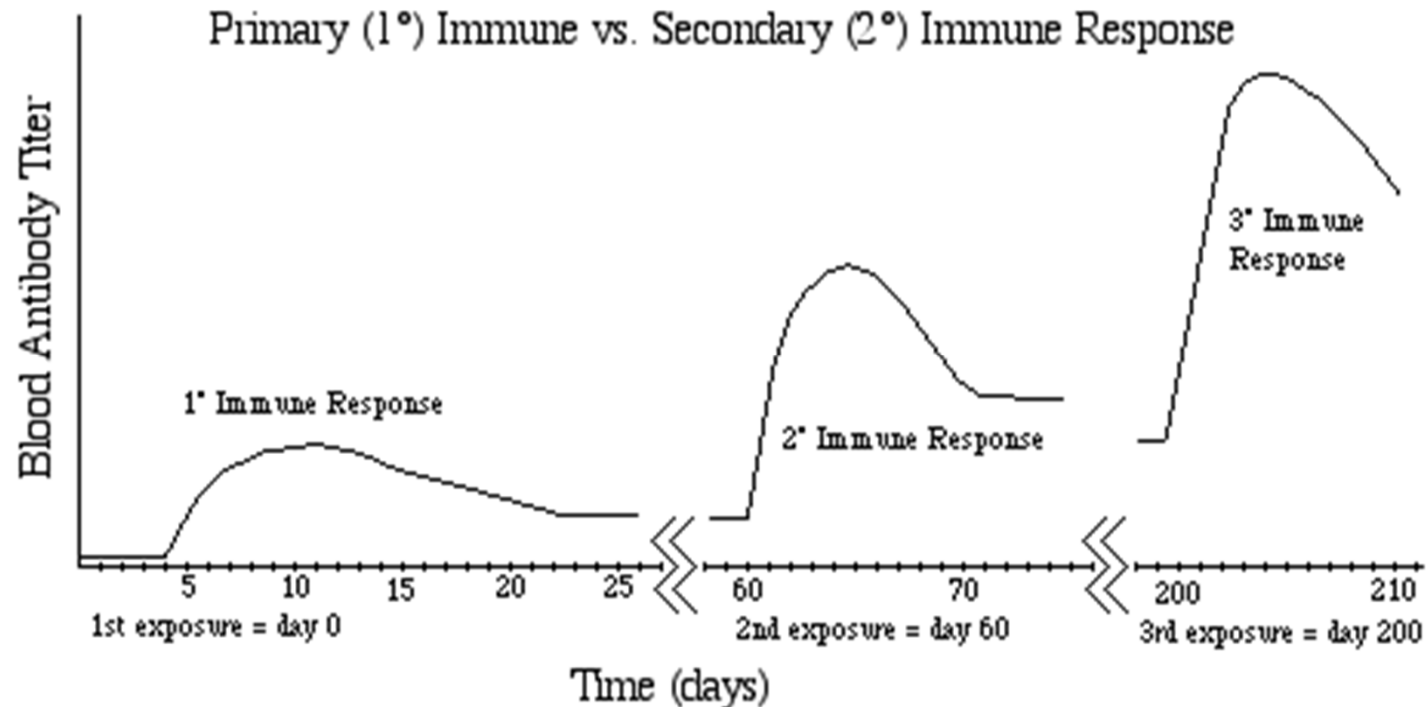
<sup>3</sup>The second dose of MMR is recommended routinely at 4-5 years but may be administered from 18 months of age. Children vaccinated before their first birthday should have a repeat MMR vaccination at 12 months of age, at least one month after the first vaccine with a further dose at 4-5 years of age. 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 4-5yrs of age.

<sup>4</sup>For health care workers born in Ireland since 1978 or born outside Ireland; for contacts in outbreaks born in Ireland since 1978 or born outside Ireland and for adults from low resource countries, without evidence of two doses of MMR vaccine

<sup>5</sup>Only one dose of Tdap/IPV is required due to likely previous exposure to pertussis infection

# Why gaps between vaccine doses?

- To allow each immune response to develop
- If a 2nd dose is given too soon, the 1° response may reduce effectiveness of 2<sup>nd</sup> response
- To avoid immune interference wait 4 weeks
- This allows the next response to be a true secondary response – faster, greater, higher affinity IgG





# Suggested Rules for Catch-up

- Plan on available evidence of prior vaccinations
- Observe minimal intervals and age
- Interval between doses may be less than optimal
- Number of doses may reduce with age (e.g. PCV)
- Do not restart schedule
- May give all vaccines at one visit
- Schedule next visit for => minimal interval
- Use optimal intervals when child is back on course

Thank you