Deviations to Schedule Late Entrants etc...

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Premature Babies

- More at risk from vaccine preventable diseases
- Should have vaccinations carried out according to chronological age
- May start their vaccinations in hospital





Interrupted Immunisation Courses

- If interrupted, resume ASAP
- Not necessary to repeat course regardless of time interval from previous incomplete course
- Hib/Men C course should be completed with the same brand (If not possible another brand may be used)
- Hib not normally recommended in those >10 years
- DTaP not normally recommended in those >10 years
- Men C not normally recommended in those > 23 years



Why intervals between vaccines?

- To allow immune response to develop e.g. primary immunisation (1 month)
 - This allows next response to be a true secondary response (faster, bigger and with higher affinity IgG)
- To avoid immune interference
 - If another live vaccine is given while immune system is making primary response, activation of innate immune system may neutralise the second live vaccine.
 - Wait at least 4 weeks to allow the immune system to recover.





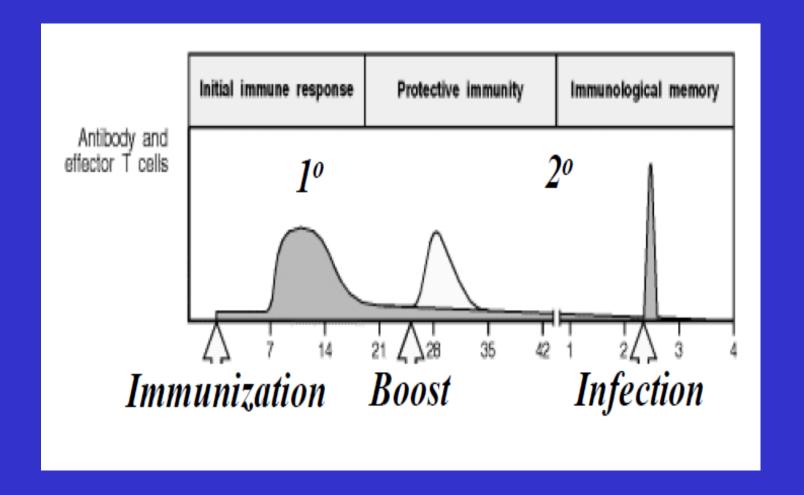
Generation of immune response

- 4-7 days to generate immune response
- 7 days get primary immune response
- After ~3/52 primary immune response turned off
- Antibody producing cells memory B cells formed
- Memory B cells secrete antibody when same agent encountered again
- This is secondary immune response
- Memory lasts weeks / years





Immune Response







Late entrants

Unless reliable documentation



Assume to be unimmunised



Catch-up programme





Catch up schedule

- Review documented evidence of previous vaccinations
- Observe minimal intervals and age
- Give age appropriate schedule
 - The number of doses may reduce with age (e.g. PCV)
 - Recommended vaccines change or may be omitted
- Never restart schedule, regardless of interval (except cholera)
- May give all vaccines at one visit
- Use optimal intervals when child is back on course
- Children living in Ireland require Irish schedule





Immunisation requirements Number of doses

Age (years)	DTP/IPV/Hib*	MMR	Men C	PCV
1 - <2	3	1	1	1
2- <5	3	1	1	0
5- <10	4	2	1	0
10 and older	Low dose vaccine 4 IPV 5 Tdap	2	1 (up to 23)	0





Immunisation requirements Interval between doses

	Interval between doses			
	(months)			
Vaccine	1/2	2/3	3/4	4/5
DTaP/IPV/Hib	2	2	6	5 years
Tdap/IPV	1	1	6	5 years
(low dose vaccine)				
MMR	1			



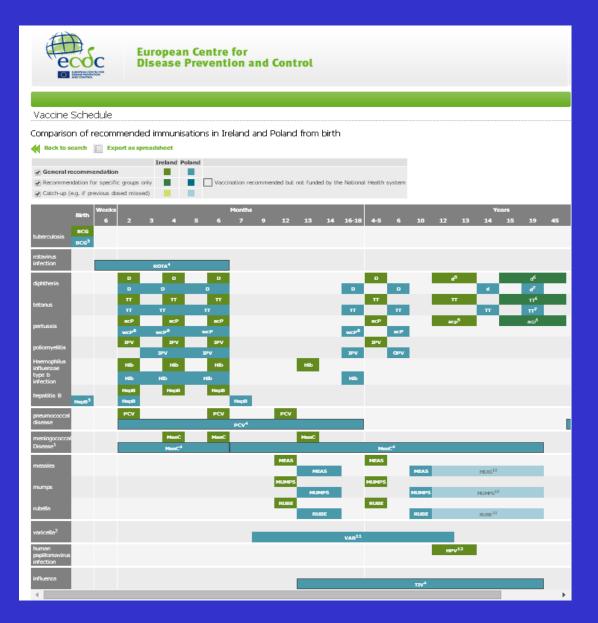


Catch-up schedule for children and adults – January 2016

Vaccine	4 months to <12 months	12 months 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 to15 years of age if in low risk group or up to 35 years of age if in specified high risk group)	1 dose (up to 35 years of age if in specified high risk group)
6 in 11	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 ≥ 2 years of age₂)			
MMR3		1 dose	2 doses 1 month apart	2 doses 1 month apart	2 doses4 1 month apart
Tdap/IPV				3 doses 1 month apart	1 dose4
Td/IPV					1.doses 1 month apart (1 month after Tdap/IPV)
NOTE	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	









tp://vaccine-schedule.ecdc.europa.eu/Pages/Scheduler.aspx



WHO vaccine-preventable diseases: monitoring system. 2014 global summary Immunization schedule selection centre: The Regions, Countries, Vaccines lists are multiselect-enabled; You are free to select any amount of any combination of items. Regions list; Countries list Afghanistan AFR AMR Albania **EMR** Algeria **EUR** Andorra SEAR Angola Antigua and Barbuda WPR Vaccines list BCG...... Bacille Calmette-Guérin vaccine CHOLERA.....Cholera Dip......Diphtheria vaccine DT.....Tetanus and diphtheria toxoid childrens' dose DTaP......Diphtheria and tetanus toxoid with acellular pertussis vaccine DTaPHepBIPV......Diphtheria and Tetanus and Pertussis and Hepatitis B and Polio DTaPHepIPV.......Diphtheria and tetanus toxoid with acellular pertussis, HepB and IPV vaccine DTaPHib......Diphtheria and tetanus toxoid with acellular pertussis and Hib vaccine DTaPHibHep.......Diphtheria and tetanus toxoid with acellular pertussis, Hib and HepB vaccine DTaPHibHepB......Diphtheria and tetanus toxoid with acellular pertussis, Hib and HepB vaccine DTaPHibHepIPV...........Hexavalent diphtheria, tetanus toxoid with acellular pertussis, Hib, hepatitis B and IPV vaccine DTaPHibIPV.......Diphtheria and tetanus toxoid with acellular pertussis, Hib and IPV vaccine ↑Select all vaccines Unselect all vaccines↑ OΚ

http://apps.who.int/immunization_monitoring/globalsummary/schedules





General Issues

- Accelerated Primary Schedule recommended for children not immunised in 1st year of life
- 6in1, Men C, MMR can be given at the same visit
 - minimum 2.5cms apart
- Always give completed parent record
- If serious local AEFI, assess before additional doses of that vaccine are given
- Adverse reactions should be notified to HPRA





Summary

- No need to restart incomplete course
- Access information about schedules in other countries via websites
- Vaccinate late entrants according to new schedule





Summary

If in doubt, give them all







More information





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Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

www.immunisation.ie

Flu Campaign 2015/2016

The World Health Organization has recommended that the seasonal influenza vaccines for the 2015/2016 season (Northern Hemisphere winter) contain:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Switzerland/9715293/2013 (H3N2)-like virus;
- an B/Phuket/3073/2013-like virus



The flu vaccine for 2015/2016 is Inactivated Influenza vaccine (Split Virion) BP manufactured by Sanofi Pasteur.

The vaccine is delivered in packs of ten prefilled syringes with attached

needles.

Seasonal influenza vaccine is strongly recommended for

- · Persons aged 65 and older
- Those aged 6 months and older with a long-term health condition including
 - acute coronary syndrome (new for 2015/2016)
- chronic obstructive pulmonary disease (new for 2015/2016)
- Pregnant women (vaccine can be given at any stage of pregnancy)
- Healthcare workers including both hospital and GP practice staff
- Residents of nursing homes and other long stay institutions
- Carers
- People with regular contact with pigs, poultry or water fowl.

People in the at risk groups should be vaccinated in September/October but can be vaccinated up until the end of April 2016.

Further information about the influenza vaccination campaign including a frequently asked questions section and a full list of the at risk groups is available www.immunisation.ie

Additional details can be found in the NEW Influenza chapter of the Immunisation Guidelines for Ireland which is available at http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf

To order additional information materials please visit www.healthpromotion.ie and set up an account if you do not have one already to order larger quantities of leaffets and posters.

Delivery dates can be checked on your calendar. Please order fortnightly online (deliveries started on Monday 14th September).

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





More information

Catch up vaccinations

http://www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/catchupvacc/catchupvacc.html

Chapter 2 of the Immunisation Guidelines

http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf



