

The National Immunisation Schedule Update and Current issues

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www.immunisation.ie



Objectives

- To outline immunisation schedules in Ireland
 - Primary childhood schedule
 - Vaccine uptake rates
 - School immunisation programme
 - Seasonal influenza vaccination programme
- To highlight development of new vaccines



Dates vaccines introduced into the Irish immunisation schedule

1937 - 1999	
Vaccine	Date introduced
1. BCG	1937
2. DT	1930s
3. DTP	1952
4. Oral Polio Vaccine (OPV)	1957
5. Rubella	1971
6. Measles	1985
7. MMR	1988
8. MMR2	1992
9. Hib	1992

2000 - 2013	
Vaccine	Date introduced
1. Men C	2000
2. DTaP-Hib-IPV (5 in1)	2001
3. Inactivated Polio (IPV)	2001
4. Hib Booster	2006
5. Hepatitis B (as part of 6 in 1)	2008
6. PCV7	2008
7. HPV	2010
8. PCV13	2010
9. Tdap	2012



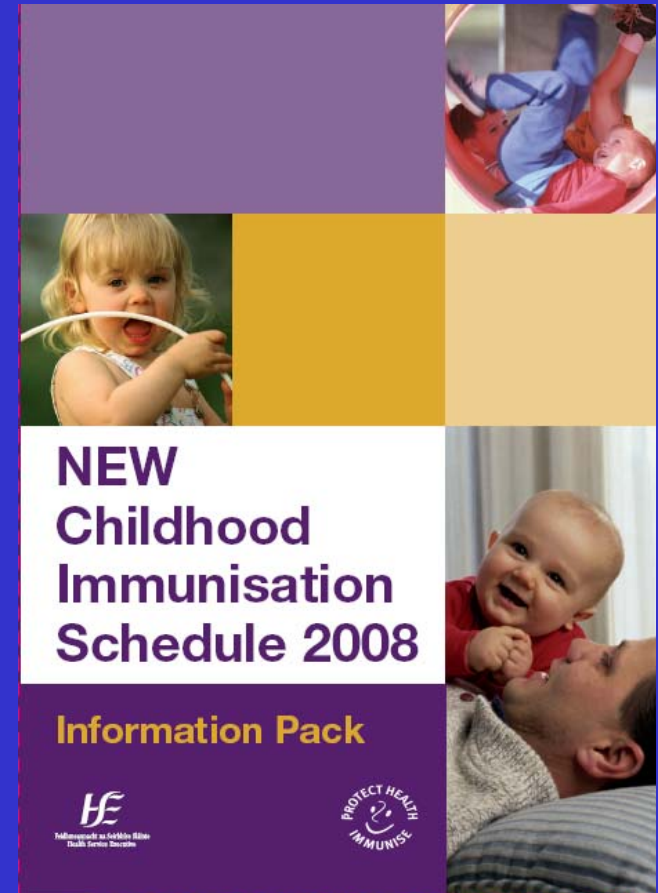
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Primary Childhood Immunisation (PCI) Schedule

- Birth BCG
- 2 months 6 in 1 + PCV*
- 4 months 6 in 1 + Men C
- 6 months 6 in 1 + PCV + Men C

- 12 months MMR + PCV
- 13 months Men C + Hib

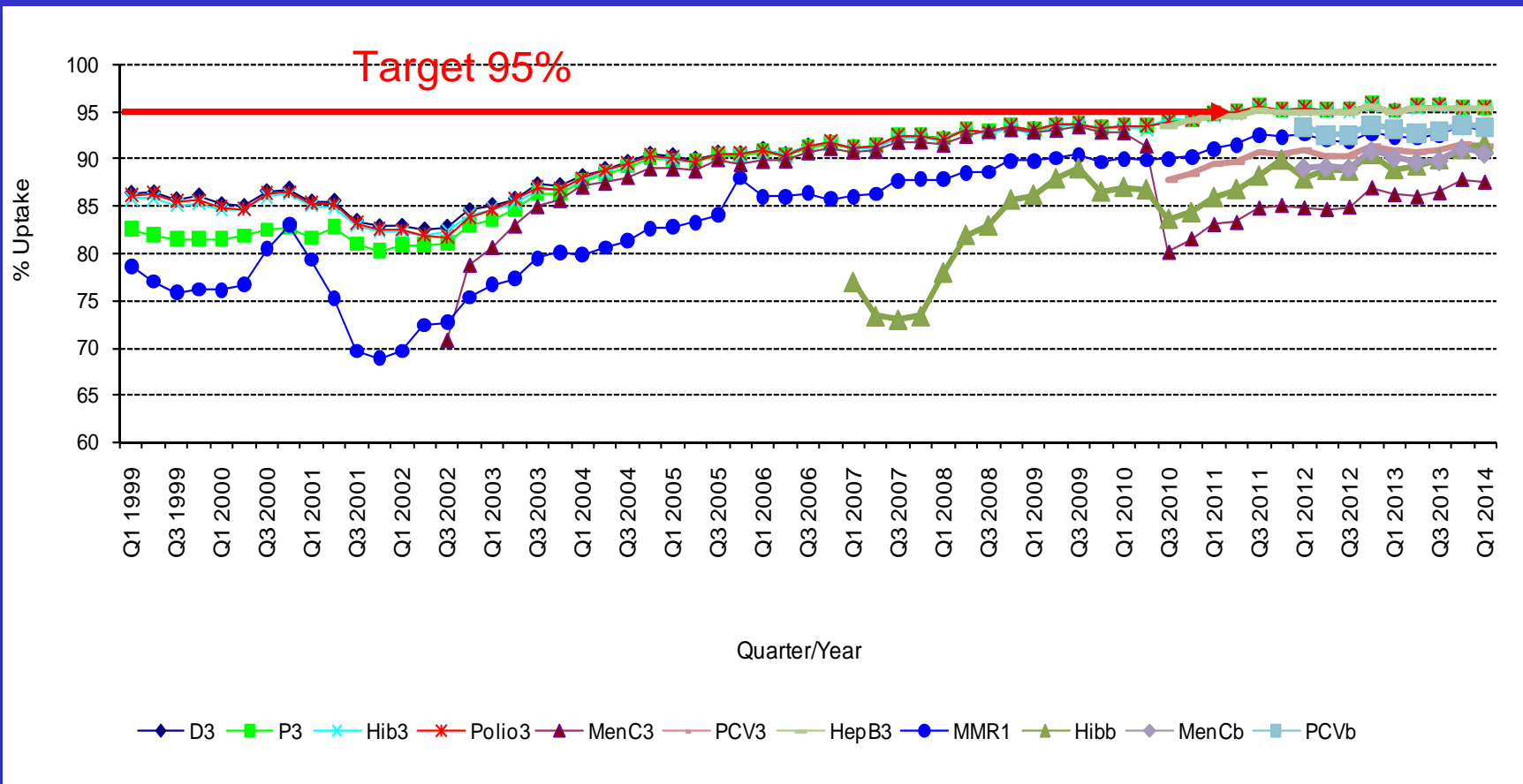
- * PCV 7 introduced in September 2008
PCV13 introduced in December 2010



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Vaccine uptake rate at 24 months 1999-2014

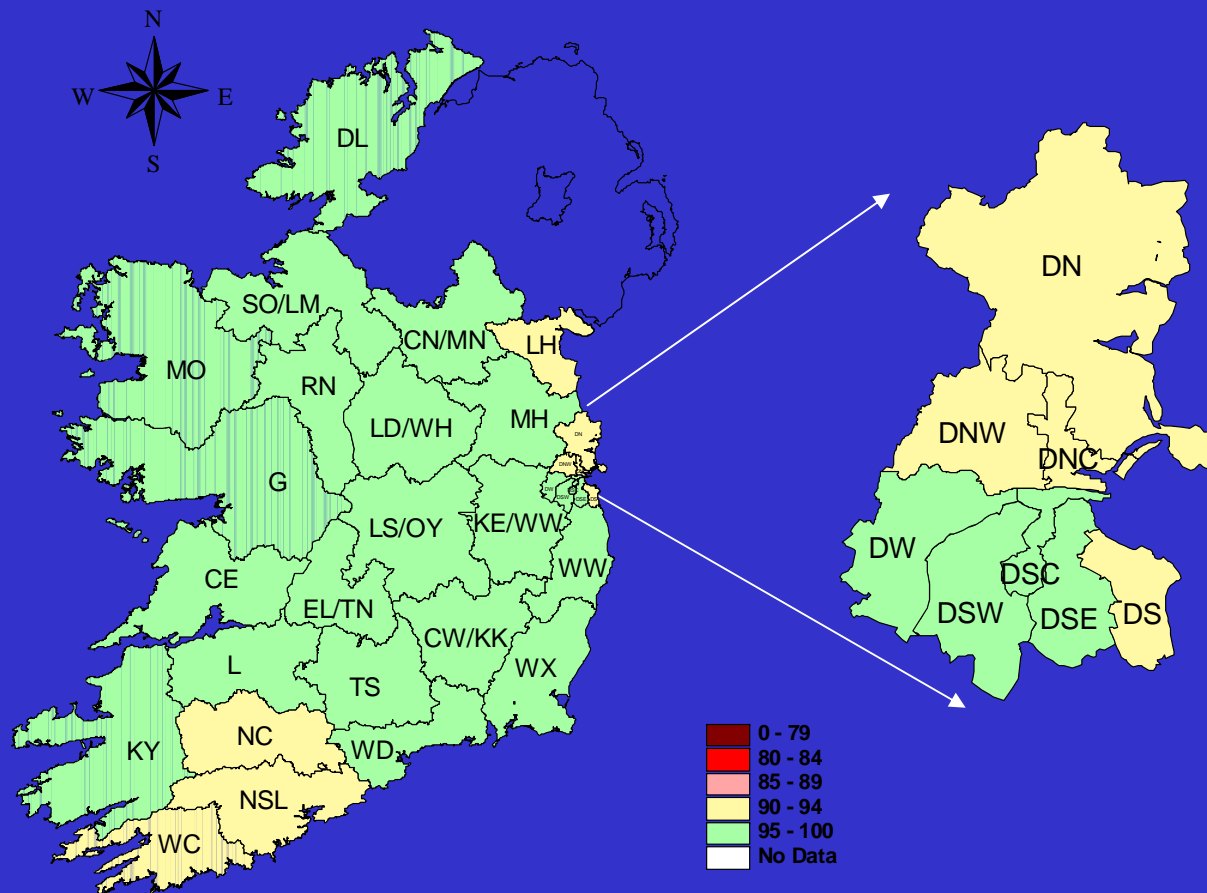


Source: HPSC

www.immunisation.ie



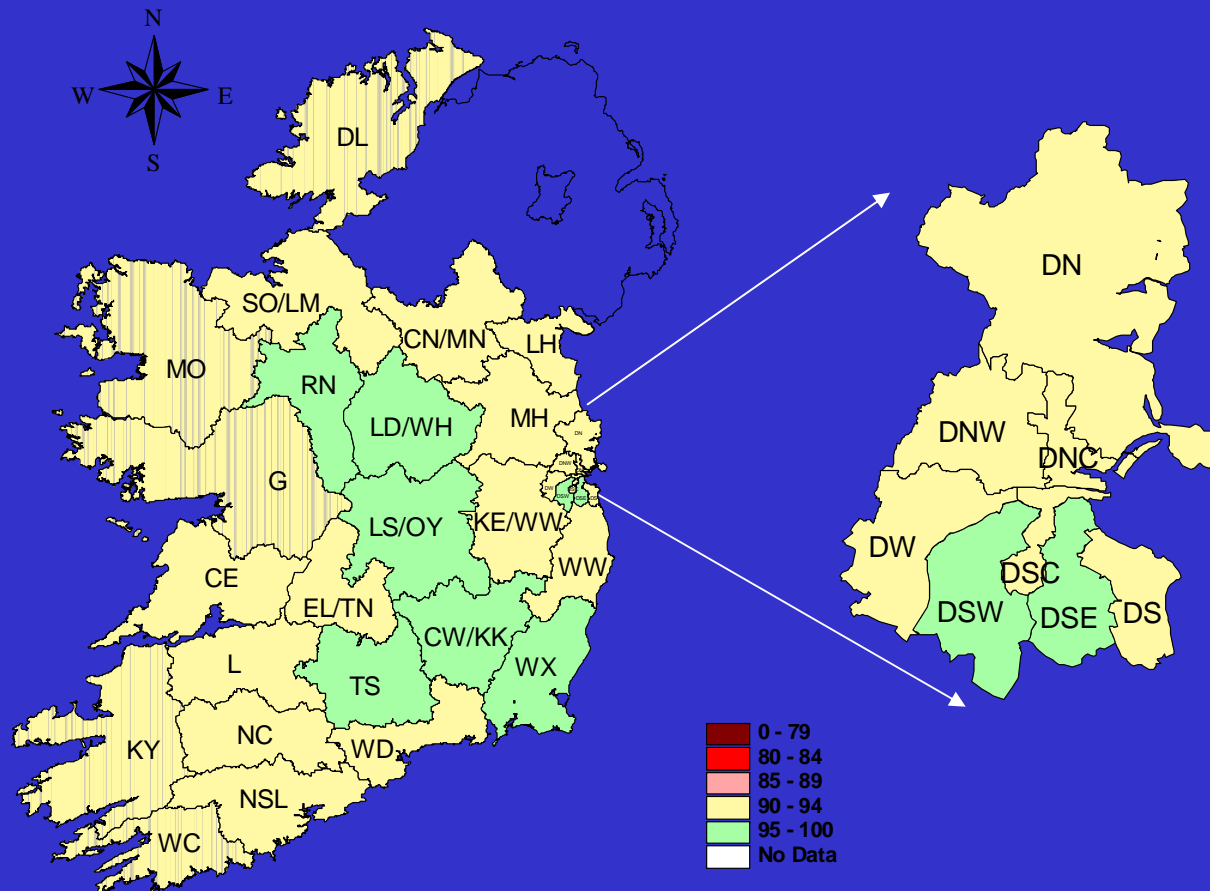
Quarter 1 2014 D3 immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)



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Quarter 1 2014 MMR immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)



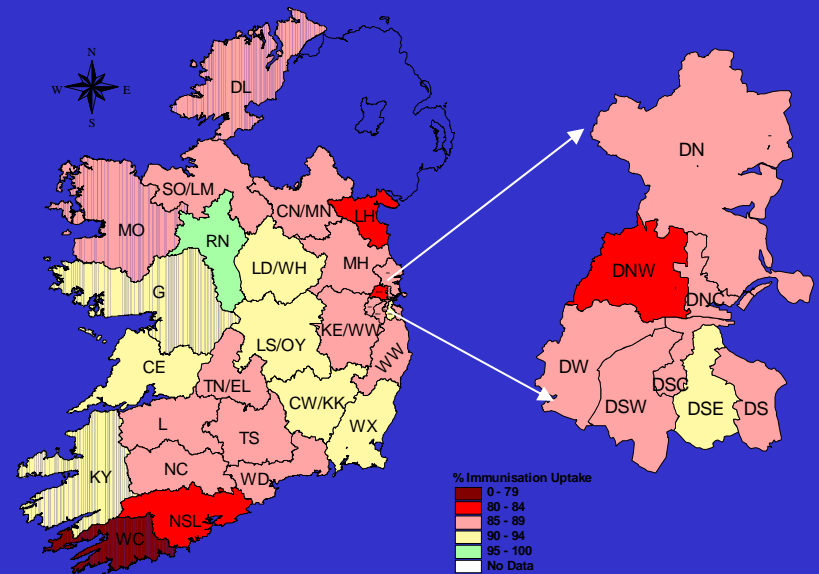
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Decline in vaccine uptakes

Quarter 1 2014 Men C₃ immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)

	Q1 2010	Q3 2010	Q1 2014
Men C ₃	93%	80%	88%
PCV ₃	-	88%	91%
Hib _b (booster dose)	89%	84%	92%



Decline in vaccine uptakes

Actions

- Highlight 5 visits at every opportunity
- Give an appointment for next visit
- Send a text reminder before appointment
- Follow up defaulters as soon as possible
- Send vaccine returns on time
- Defaulters need appropriate vaccines even if they are over the recommended age

What common reactions can my child get after being vaccinated and what should I do?

Common reaction

Soreness, swelling in the area where the vaccine was given

Fever (over 39.5°C)

Headache or irritability

- The dose of paracetamol should be given according to the child's age.
- Please ask your pharmacist for advice on the correct dose.
- Using paracetamol or ibuprofen

Primary Childhood Immunisation Schedule

AGE	WHERE	VACCINATION
At Birth	Hospital or HSE Clinic	BCG
2 Months	GP	6 in 1 + PCV
4 Months	GP	6 in 1 + Men C
12 Months	GP	6 in 1 + PCV + Men C
18 Months	GP	MMR + PCV
5 Years	GP	Men C + Hib

Appointment for your child's next visit?

Next appointment



Remember, it takes **5 GP visits** to fully vaccinate your baby.

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NIAC changes

	Change	Implementation
MenC* (August 2014)	Schedule changed from 4,6 and 13 months to 4,13 months and 12-13 years	
	2 nd dose in infancy stopped	2015
	Adolescent dose introduced	2014/2015
Rotavirus (2013)	Oral vaccine recommended 2 -3 doses at 2, 4 and 6 months	??

* MenC

- Peak rates in under 5 years and 15-19 years
- Evidence 1 dose is sufficient in infants
- Concerns about waning immunity in adolescents

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Primary school immunisation schedule 2014/2015

Age (years)	Vaccine
4 -5	4 in 1 MMR

4 in1 Diphtheria
 Tetanus
 Pertussis
 Polio

MMR Measles, mumps and rubella



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4 in 1 adverse events

- More reactogenic
 - hot, swollen, red and tender arms from the shoulder to elbow
 - large, localised swelling (diameter > 50 mm) occurring around the injection site
- Begin within 48 hours of vaccination
- Resolve spontaneously
- Antibiotic treatment or anti-inflammatory not indicated
- Not usually associated with significant pain or limitation of movement
- Inform parents in advance

4 in 1 and MMR Booster School Vaccination Programme for Children in Junior Infants

Name: _____
Date: _____
Time of vaccination: _____

Your child was given the following vaccines today

4 in 1 **MMR**

Common reactions expected after these vaccines may include

- mild fever
- soreness, swelling and redness where the injection was given. Sometimes this swelling can be from the shoulder to the elbow. This usually occurs within 2 days of the vaccination and gets better over 4 – 5 days. Antibiotics are not needed to treat this local reaction.

After MMR vaccine

- some children may get "mini measles" with a rash and fever 6 to 10 days after the injection
- on rare occasions, children may get "mini-mumps" with swelling in the jaw in the third week after vaccination

These are not contagious.

You can give your child paracetamol or ibuprofen to relieve aches and pains or to lower the fever.

If you are concerned about your child the school vaccination team can be contacted during office hours from Monday to Friday at

If you require medical advice after these hours please contact your family doctor.

For more information see www.immunisation.ie

09/14



Second level school immunisation schedule 2014/2015

Age (years)	Vaccine
12-13	Tdap MenC
12 – 13 (girls only)	HPV (2 dose schedule)

Tdap Tetanus, low dose diphtheria & pertussis
 MenC Meningococcal C vaccine
 HPV Human papillomavirus

Tdap and MenC booster vaccines
 Information for parents of children in First Year of second level school



Second level school vaccination programme

Name: _____
 Date: _____
 Time of vaccination: _____

Your child was given the following vaccines today

HPV Tdap MenC

Common reactions expected after these vaccines may include
 • soreness, swelling and redness where the injection was given (this usually passes after a day or two)
 • dizziness
 • headache

Occasionally your child may feel sick or have a mild fever. On rare occasions some children may have an itchy rash or hives.

You can give your child paracetamol or ibuprofen to relieve aches and pains or to lower the fever. If you are concerned about your child please seek medical advice.

The school vaccination team can be contacted during office hours from Monday to Friday at


If you require medical advice after these hours please contact your family doctor.

Before the next vaccine, you should write to the vaccination team if there has been

- a serious reaction to these vaccines
- any change to your child's medical history or your consent

You will get a record of your child's vaccinations when they have all been completed. **Please keep this safe.**

For more information see www.immunisation.ie



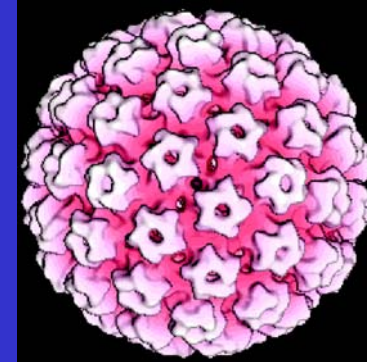

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HPV vaccination programme

Gardasil (Sanofi Pasteur)

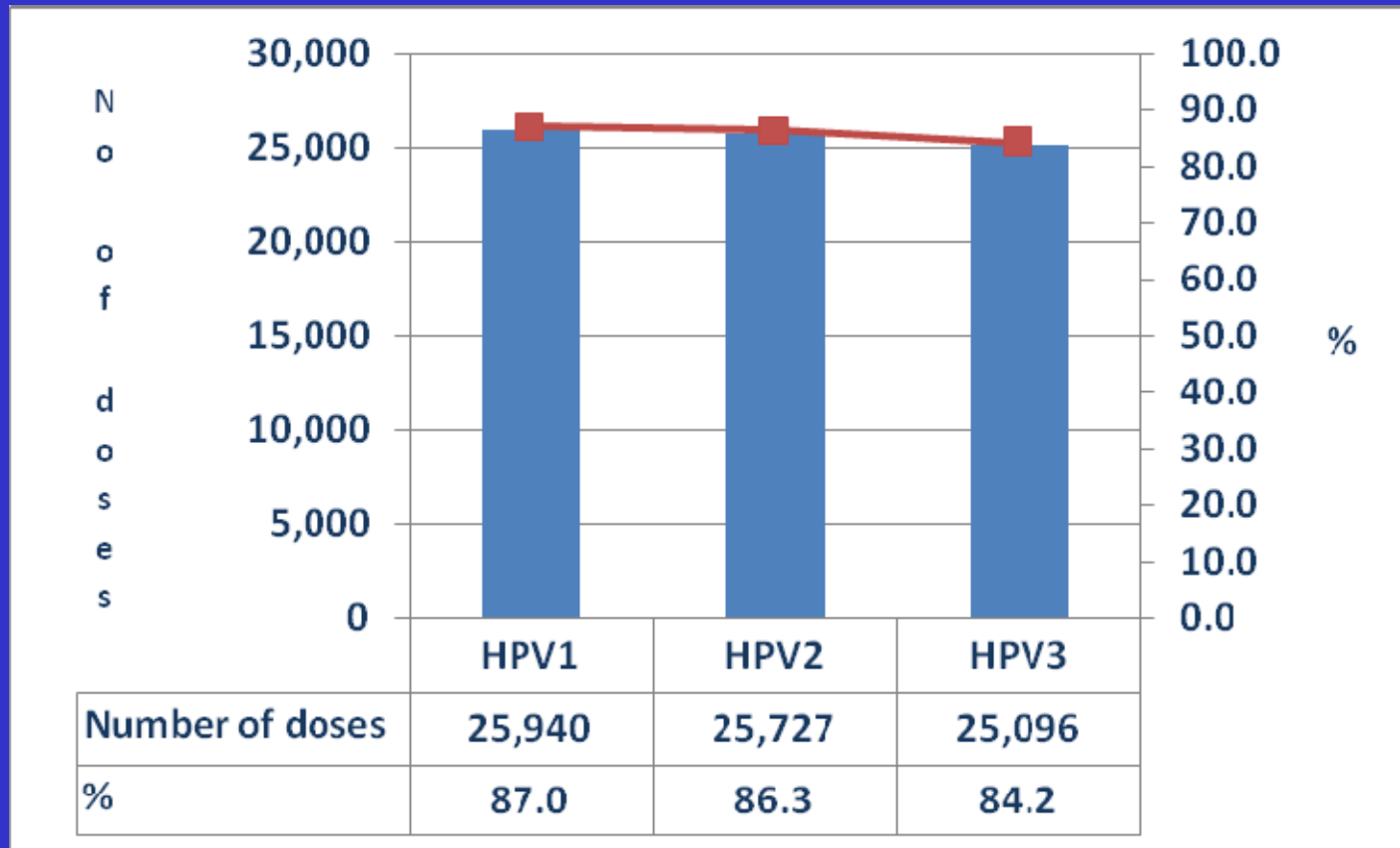
- protects against
 - HPV 16 and 18
(causes 70% cervical cancers)
- and
 - HPV 6 and 11
(causes 90% anogenital warts)



Computerised image of
the human papillomavirus
Courtesy of Dept of
Pathology, University of
Cambridge

HPV vaccine uptake 2012/2013

Routine programme First years



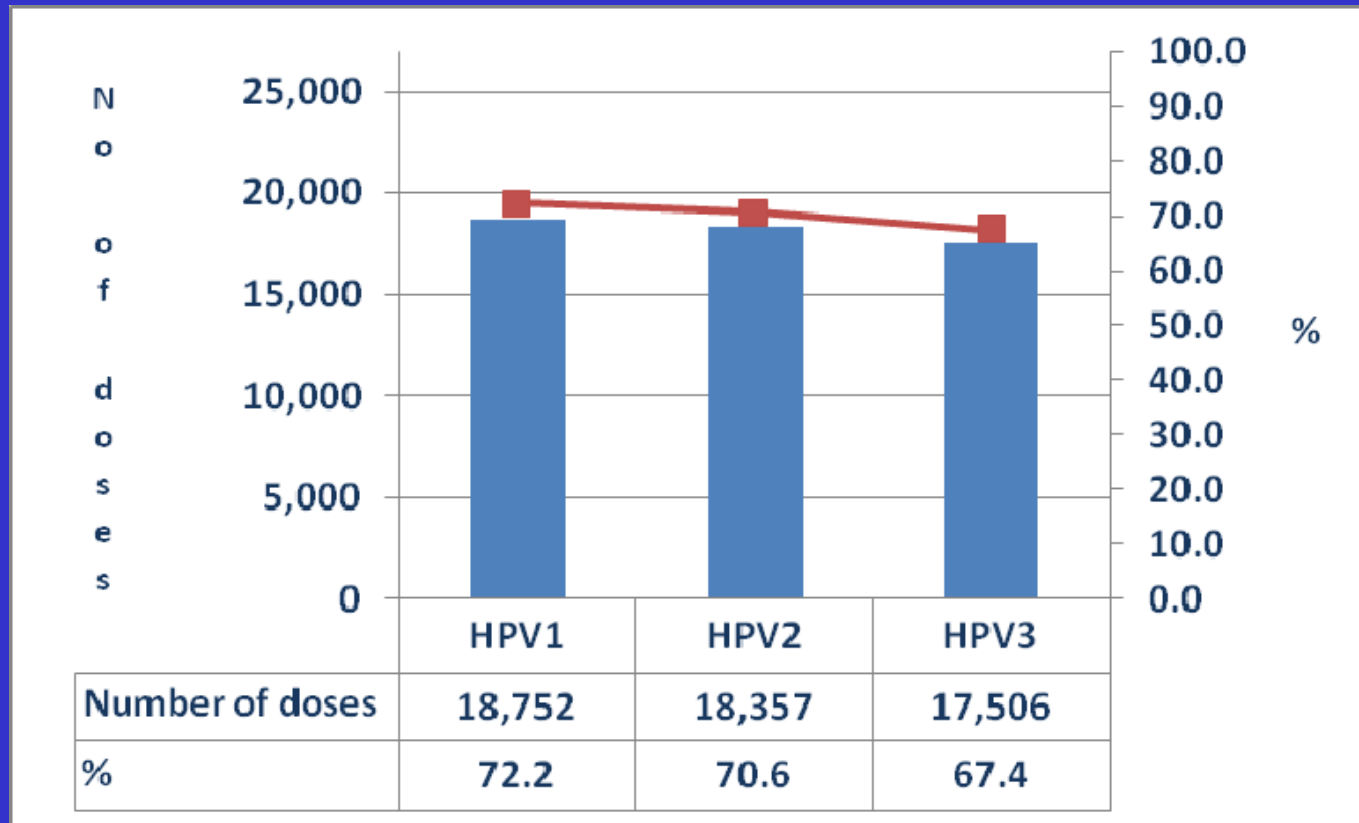
- Over 80% (84.2%) uptake achieved for 3 dose schedule
- Excellent cohort retention
- >96% girls who started dose 1 completed dose 3

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HPV vaccine uptake 2012/2013

Catch up programme Sixth years



- Over 60% (67.4%) uptake achieved for 3 dose schedule
- Excellent cohort retention
- 93% girls who started dose 1 completed dose 3



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Vaccine Impact in Australia

High Grade Cervical Lesions <18 years

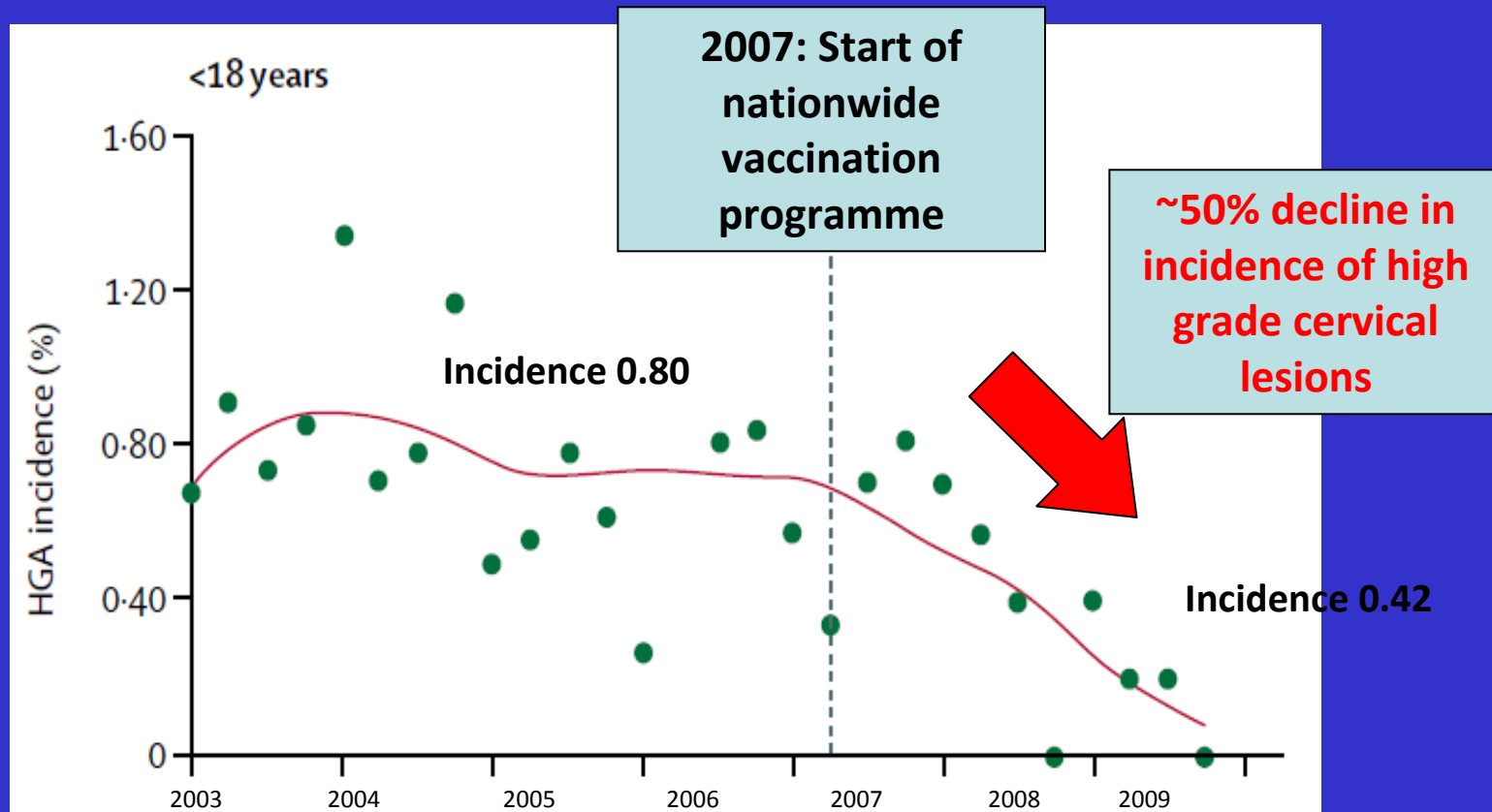


Figure 2: Incidence of high-grade cervical abnormalities, by age group

Incidence of high-grade cervical abnormalities (HGA; green dots) is the number of new diagnoses within a 3-month period per 100 women tested. Lowess smoothing trends are shown with red lines. The vertical lines, at the start of the second quarter in 2007, signify the introduction of human papillomavirus vaccination.



Brotherton et al Lancet 2011; 377: 2085–92

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HPV vaccine schedule

Immunogenicity of 2 Doses of HPV Vaccine in Younger Adolescents vs 3 Doses in Young Women

A Randomized Clinical Trial

Dobson et al
JAMA 2013

NIAC recommendation (different from SmPC)

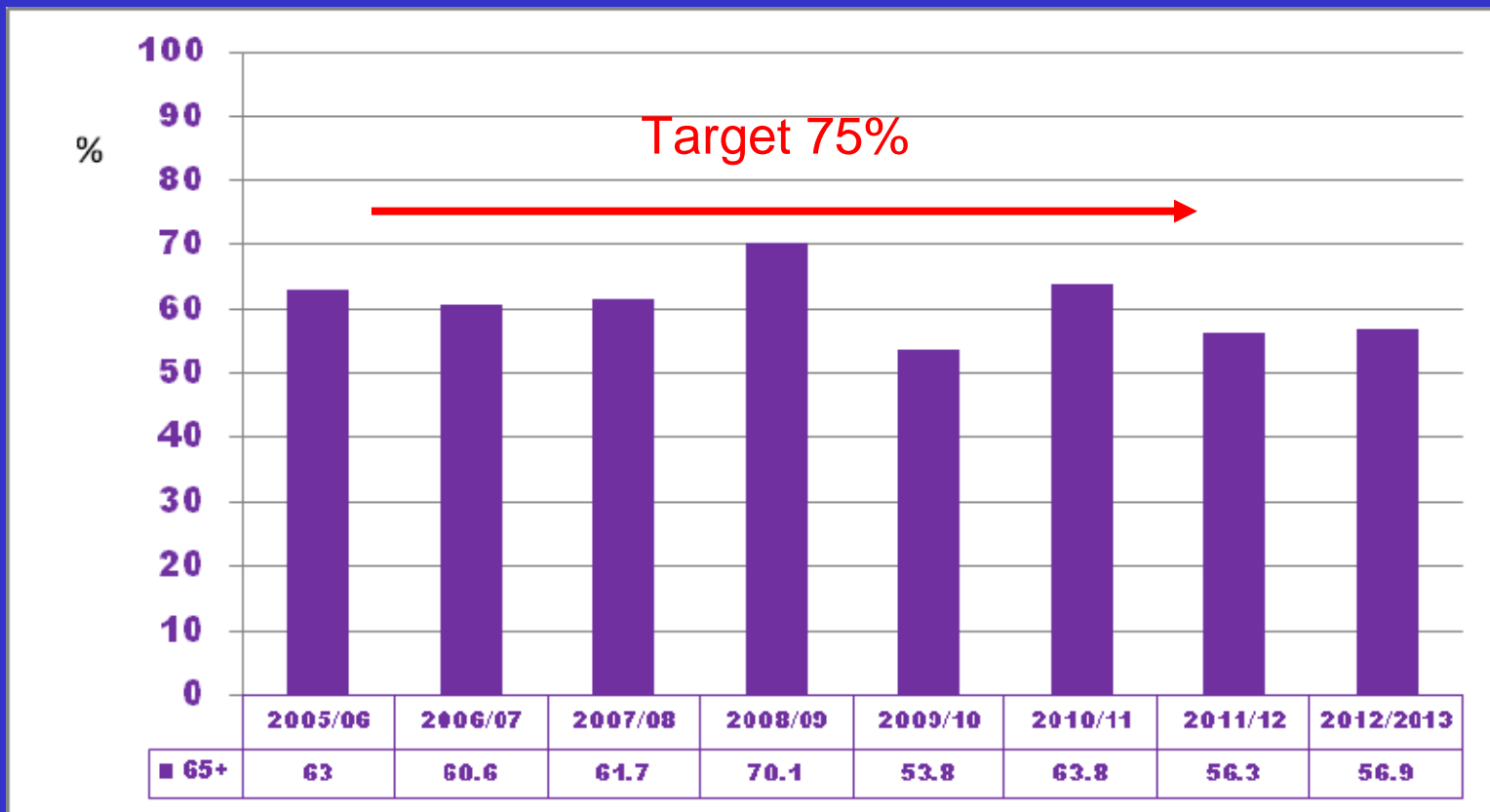
- Girls under 15 at first dose
 - 2 dose schedule at 0 and 6 months
- Girls 15 and older at first dose
 - 3 dose schedule at 0 and 6 months with 3rd dose at least 3 months after 2nd dose
 - No evidence yet to support 2 dose in older girls



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Seasonal influenza vaccination programme

Vaccine uptake for 65+ years with GMS card
Source:HPSC



Seasonal influenza vaccination programme

EVERY YEAR FLU CAUSES SEVERE ILLNESS AND DEATH.

IF YOU ARE:

- 65+
Over 65
- Have a long-term illness
- Pregnant
- A health care worker

GET YOUR FLU VACCINE NOW.

IT'S A LIFESAVER

THE FLU VACCINE
www.immunisation.ie

For more information, talk to your GP or Pharmacist

HE Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

I'M VACCINATING FOR TWO NOW.

Pregnant women and their babies are at risk from flu.

Protect you and your baby - **get your flu vaccine.**

IT'S A LIFESAVER

THE FLU VACCINE
www.immunisation.ie

For more information, talk to your GP or Pharmacist.

HE Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

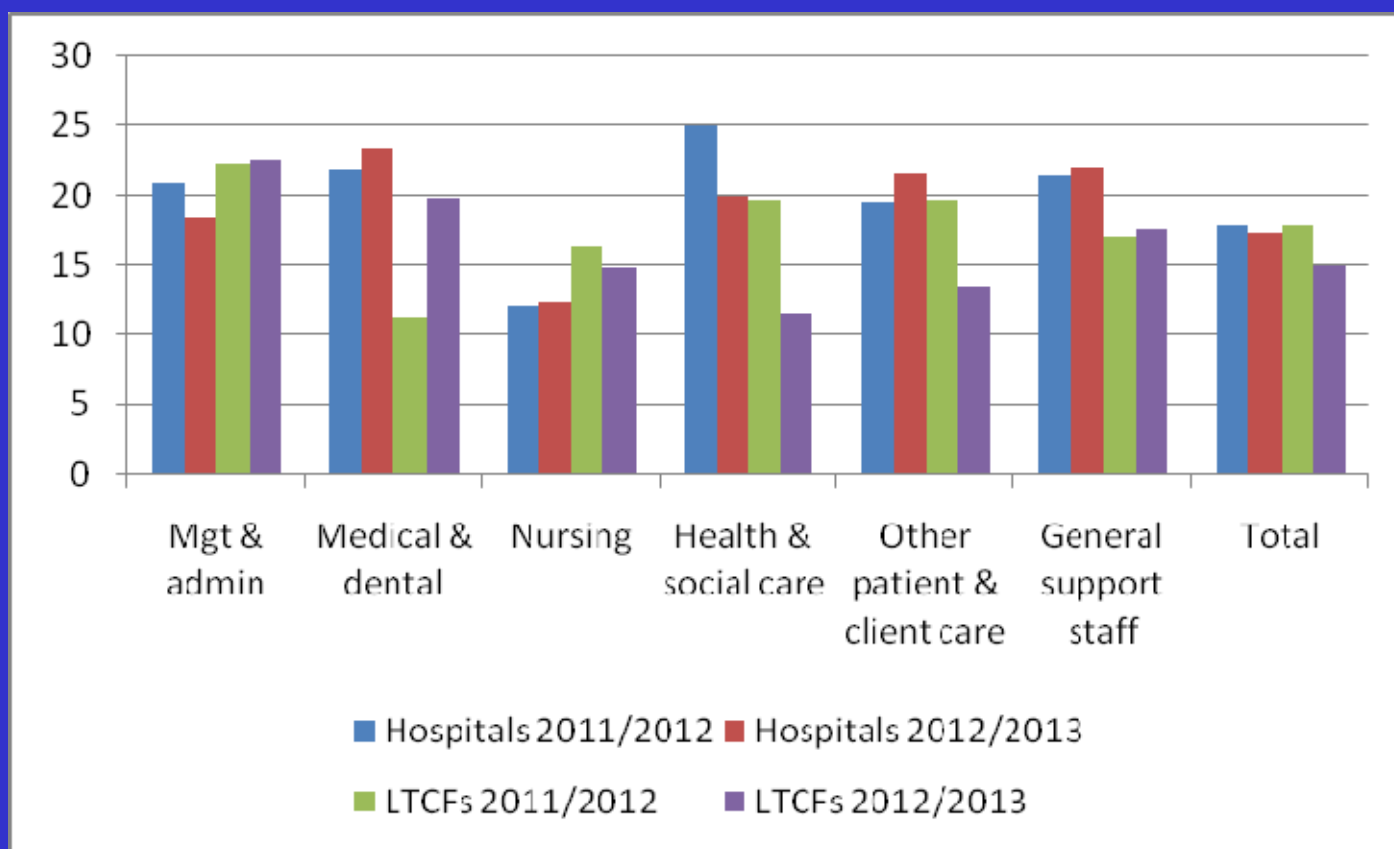
2014/2015 Annual campaign

- No change in at risk groups
- Pregnant women
- Health care workers
- Season continues until end of April

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Seasonal influenza vaccination programme % vaccine uptake in health care workers



<http://www.hpsc.ie/hpsc/A-Z/Respiratory/Influenza/SeasonalInfluenza/InfluenzaandHealthcareWorkers/>



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Why should health care workers be vaccinated?

“I’m very healthy so my immune system will protect me from flu.”

“I know the symptoms and would stay at home if I got sick so I wouldn’t infect my colleagues or patients.”

“I got the vaccine and it gave me the flu.”

- >20% HCWs get flu every year
- may only have mild symptoms and continue to work
- highly transmissible 1 day before & 5-7 days after symptoms
- healthy people can get seriously ill from flu
- vaccine contains killed viruses so cannot cause flu

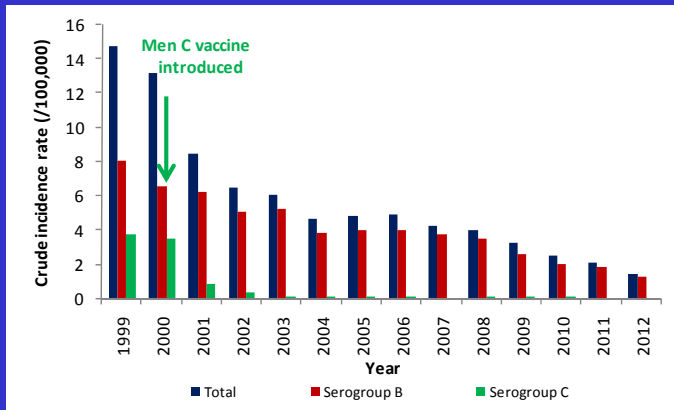
<http://www.immunisation.ie/en/HealthcareProfessionals/Influenza>

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New vaccines

- Meningococcal Group B



- ~ 30 new or improved vaccines anticipated in next 10 years



More information

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Protect - Prevent - Immunise

Welcome to the Health Service Executive Immunisation Website

This site provides information on immunisation for the General Public and Healthcare Professionals

Childhood Immunisation

Adult Imm

Hot Topic

- Going to college - are you fully vaccinated?
- Rubella outbreak in Poland
- Mumps
- Polio Alert

ROYAL COLLEGE OF

online only

NATIONAL IMMUNISATION ADVISORY COMMITTEE

Immunisation Guidelines for Ireland

2013 Edition

ords and Questions
our local health office

the link to view
ation Guidelines for Ire

February 2014

National Immunisation News

The newsletter of the HSE National Immunisation Office

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- Common Queries
- Minimum and optimal age and intervals between vaccines
- Current Vaccine List
- Vaccines for Pregnant Women
- Check out our Website www.immunisation.ie

Adverse Local Reactions following 4 in 1 Booster

Local reactions are more common following booster doses of DTaP/IPV vaccines.

These reactions

- begin within 48 hours of vaccination
- consist of swelling around the injection site
- may sometimes be greater than 50mm in diameter
- resolve spontaneously over ~ 4 days without long term effects
- are not usually associated with significant pain or limitation of movement
- do not need antibiotics or anti inflammatory medication
- do not contraindicate further doses of vaccine

If a child presents with signs of extensive limb swelling following booster vaccination, parents should be reassured that this is a non-infective injection site reaction, unless there is fever or the situation worsens.

For more details see recent NIAC statement at <http://www.immunisation.ie/en/HealthcareProfessionals/Correspondence/>

2013 Immunisation Guidelines for Ireland

The National Immunisation Advisory Committee (NIAC) has published the 2013 Immunisation Guidelines for Ireland. All the Chapters have been rewritten following a standard format and a new Chapter on Immunisation of Immunocompromised persons has been added.

The Guidelines are only available online at <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines/>

Please email yvonne.morrissey@hse.ie if you would like to be sent a PDF version of the full Guidelines document

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

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Why Immunise?

- Immunisation has saved more lives than any other public health intervention apart from the provision of clean water
- Immunisation is one of the most cost effective and safest of all health interventions



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