

National Immunisation News

The Newsletter of the HSE National Immunisation Office

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Visit our websites
www.immunisation.ie,
www.hpv.ie and
www.hse.ie/flu

These are the only websites in Ireland accredited by the World Health Organization (WHO) as credible sources of vaccine information.

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Meningitis - in Ireland

There have been no outbreaks of meningococcal disease in Ireland however the recent increase in cases reflects the known increased incidence of meningococcal disease in winter and early spring.

Seventeen cases of Invasive Meningococcal Disease (including two related deaths) were reported to HPSC from 1st January to 29th January 2019. This was slightly less than in the same period last year when 19 cases (and two related deaths) were notified. Amongst the 17 cases notified from 1st January to 29th January 2019, different strains were reported and different age groups were affected.

In Ireland in recent years there has been an overall decline in serogroup B (with the exception of 2018 when an increase was noted), and an increase in serogroups C, W and Y cases of meningitis reported (see figure 1). A recent increase in clonal complex 11 in serogroup W has also been identified in Ireland, although numbers of cases notified overall are still relatively small in comparison to serogroups B and C. Information available at:

<http://bit.ly/2tg2bVb>

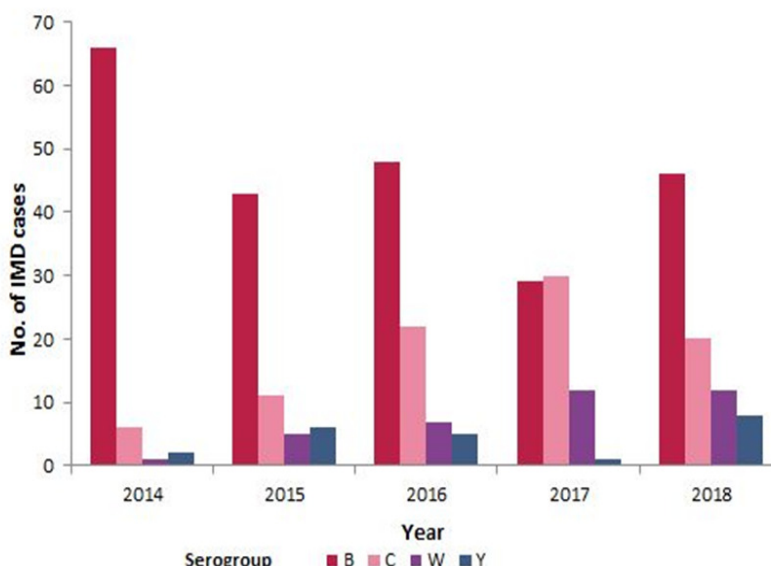


Figure 1 Annual notification of IMD by serogroup, 2014-2018

Meningitis - in Ireland

See Table showing the number of cases of invasive meningococcal disease per 100,000 population in different age groups in Ireland.

The incidence of invasive meningococcal disease falls rapidly after the age of 1 year.

Table 2. Age specific incidence rates per 100,000 population of IMD by HSE area and age group, Ireland, 2016

HSE Area	<1	1-4	5-9	10-14	15-19	20-24	25+	Total
HSE E	26.4	4.2	0.8	0.0	3.9	1.8	0.6	1.4
HSE M	0.0	5.6	0.0	0.0	15.5	0.0	1.1	2.1
HSE MW	20.3	0.0	0.0	3.8	3.9	4.6	0.4	1.3
HSE NE	15.4	0.0	2.5	0.0	9.7	4.4	0.7	1.7
HSE NW	94.6	14.2	5.1	21.7	5.8	0.0	0.6	4.7
HSE SE	15.4	17.5	2.6	0.0	3.0	0.0	0.0	1.6
HSE S	34.0	7.9	0.0	4.4	2.3	5.1	1.5	2.6
HSE W	52.3	4.0	0.0	3.3	0.0	0.0	0.3	1.3
Ireland	28.9	5.9	1.1	2.5	4.6	2.2	0.7	1.8

ASIR, age specific incidence rate per 100,000 population calculated using Census 2016 data

This information is available at <http://www.hpsc.ie/>

The HSE wishes to raise awareness of the signs and symptoms of meningococcal disease and to emphasise the importance for children to receive the available recommended meningococcal vaccines to protect them from the meningococcal disease commonest in Ireland.

There have been no changes to the National Immunisation Advisory Committee recommendations for MenB, MenACWY and MenC vaccination.

Parents should check that their children are up-to-date regarding the recommended childhood meningococcal vaccinations.

Any child that has missed a dose of any vaccine or requires a catch up schedule please follow the National Immunisation Advisory Committee Guidelines available from <http://bit.ly/LateEnt18>

MenB vaccine schedule

The National Immunisation Advisory Committee updated the Immunisation Guidelines in July 2018. See MenB catch up schedule for different age groups below.

For children aged 2 years or older the second dose can now be given after an interval of one month.

Table 13.1 Bexsero® vaccine catch up schedule

Age at Initiation	No. of doses	Timing
3 to <10 months*	3	2 doses 2 months apart 3rd dose at ≥12 months >2 months after dose 2
10 months - < 2 years	2	2 months apart
2 years and older	2	1 month apart

*Bexsero® given at age 2 and 4 months (or up to 12 months) should be given with paracetamol, and in a different limb from the other childhood vaccines

<http://bit.ly/2UTeMcM>

When is tetanus vaccination required following a wound

Tetanus vaccine following a wound injury is only recommended if the person is discovered not to be age appropriately vaccinated against tetanus. Tetanus vaccine should be given to protect against future tetanus infection **only** for those who are not fully vaccinated.

The tetanus vaccine is not given here as treatment for possible tetanus infection of the wound. Tetanus prone wounds may require prophylaxis with tetanus immunoglobulin (TIG).

See table: <http://bit.ly/2Dv4f0l>

Table 21.1 Risk assessment of wounds for use of vaccination and tetanus immunoglobulin (TIG)

Vaccination status	Clean wound	Tetanus prone wound	
Fully immunised (5 doses of tetanus vaccine at appropriate intervals)	Nil	No vaccine required unless more than 10 years since previous tetanus vaccine	Consider TIG*
Primary immunisation and age appropriate boosters complete	Nil	Nil	Consider TIG*
Primary immunisation or age appropriate boosters incomplete	Age appropriate tetanus vaccine and complete vaccine schedule	Age appropriate tetanus vaccine and complete vaccine schedule	TIG
Unimmunised or unknown vaccine status	Age appropriate tetanus vaccine and complete vaccine schedule	Age appropriate tetanus vaccine and complete vaccine schedule	TIG

*Consider TIG for fully vaccinated patients who are immunocompromised

Rotavirus vaccine Frequently Asked Questions for Health Professionals

A new updated Rotavirus vaccine Frequently asked Questions for Health Professionals will be published online and distributed to all sites in March 2019

Changes to the Immunisation Guidelines for Ireland

In December 2018 NIAC revised the chapter Changes to NIAC recommendations for the Prevention of Measles following exposure

In February 2019 NIAC revised the following Chapters of the Immunisation Guidelines
<http://bit.ly/NIACGuidelines>

Chapter 3	Immunisation of Immunocompromised Persons
Chapter 10	Human papillomavirus
Chapter 11	Influenza
Chapter 18	Rabies
Chapter 18a	Respiratory Syncytial Virus (Introduced February 2019)

Seasonal flu vaccine campaign 2018/2019

The 2018/2019 HSE flu vaccination campaign continues.

The flu vaccine for the HSE 2018/2019 is Influvac Sub-Unit inactivated influenza manufactured by Mylan.

Flu vaccines are still available to order from the National Cold Chain Service and can be administered until end of the flu season in April. The flu vaccine is only effective two weeks after vaccination.

For 2018/2019 the National Immunisation Advisory Committee (NIAC) advises that those on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab) should not receive the flu vaccine or any vaccine.

Further information about the influenza vaccination campaign including frequently asked questions section and a full list of the at risk groups is available at <http://bit.ly/HCPFluIn>
 Additional details can be found in the new edition of the Influenza chapter of the Immunisation Guidelines for Ireland which is available at <http://bit.ly/NIACchapter11>
 Please visit www.hse.ie/flu for information

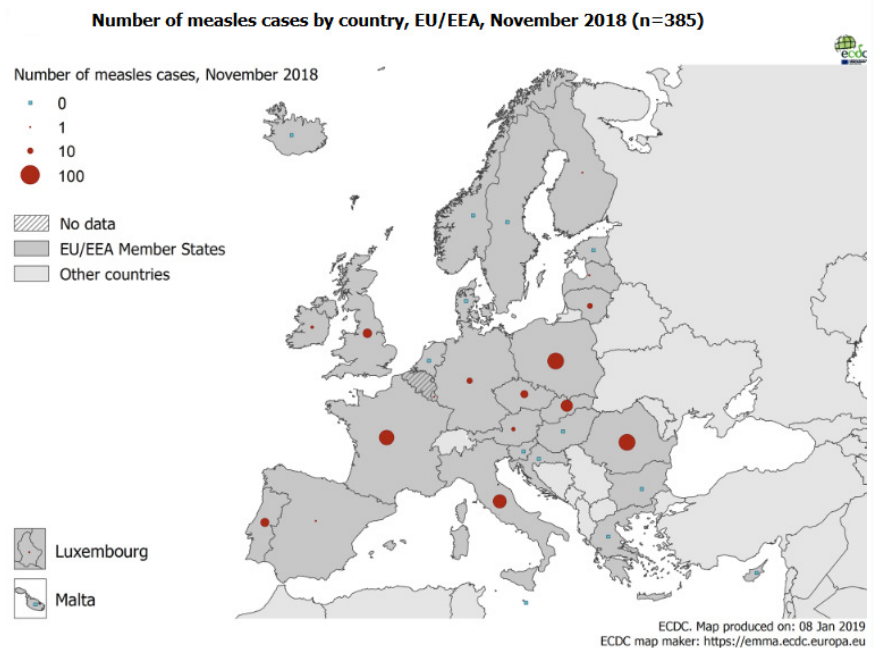
To order additional information materials please visit www.healthpromotion.ie



Measles outbreaks in Europe

Measles continues to spread across Europe because vaccination coverage in many countries is suboptimal. The latest WHO data on national vaccination coverage for the first [and second] doses of measles-containing vaccine show that only four EU/EEA countries (Hungary, Portugal, Slovakia and Sweden) reported at least 95% vaccination coverage for both doses of measles-containing vaccine in 2017.

Figure 2



See information at <http://bit.ly/2E5dqGm>

Due to the resurgence of measles outbreaks in Europe the National Immunisation Advisory Committee advise the following recommendations for MMR vaccine for travellers to Europe aged 1 year and older.

New NIAC recommendations for children age 12 months and older:

- a) who are unvaccinated should receive two doses of MMR vaccine separated by at least 28 days. To ensure protection, the second dose should be given at least 2 weeks prior to travel.
- b) who have received one dose of vaccine should receive a second dose at least 28 days after the first dose of vaccine and ideally at least 2 weeks prior to travel.
- c) If the two doses are given less than three months apart and the child is less than 18 months of age, the routine 4-5 year dose should be given in order to ensure full protection.

MMR vaccine is already recommended by NIAC for children aged 6-11 months of age, travelling to other countries or regions where measles outbreaks are reported.

The vaccine is available to healthcare professionals to order free of charge through the National Cold Chain Service.

See information at <http://bit.ly/MeasProphy>

NOTE: If MMR vaccine is given to an infant before 12 months of age, this dose is not counted as part of the childhood vaccination programme. MMR vaccine should be repeated at 12 months of age, at least one month after the first vaccine with a further dose at 4 - 5 years of age.

More information is available at <http://bit.ly/MeaslesIRL>

Vaccination with 2 doses of MMR vaccine is the only way to protect against measles.

HBvaxPro10 and HBvaxPro40 vaccines

MSD continues to have supply constraints that have impacted the availability of HBvaxPro 10mcg and HBvaxPro 40mcg for 2019 and 2020.

The NCCS has supply of Engerix B and Fendrix sufficient for the usual cohorts.

HBvaxPro 10mcg and HBvaxPro 40mcg have been removed from the ordering list but some doses are available to complete courses.

Tdap vaccine in pregnancy

In November 2018, a national outbreak of Pertussis was declared. In Ireland there were 117 cases of pertussis reported in 2018 this in comparison to 263 cases in 2017. However pertussis continues to be reported in babies less than 6 months of age (too young to be fully vaccinated).

The National Immunisation Advisory Committee (NIAC) recommends that all pregnant women should be offered Tdap as early as possible after 16 weeks and up to 36 weeks gestation in each pregnancy, to protect themselves and their infants.

Your local Department of Public Health will continue to provide you with an outbreak code to claim through the PCRS browser, for Tdap vaccine given to pregnant women between 16- weeks and full term pregnancy.

New information leaflets have been sent to all GPs. See a video explaining the importance of getting Tdap vaccine during pregnancy developed by CUMH and information materials on our website from <http://bit.ly/PertussisPreg>

Second level school immunisation programme

In March 2019, the HSE school immunisation teams will visit second level schools across the country to offer the HPV and MenC vaccine to all girls and the MenC and Tdap to all boys in first year of second level schools.

Any parent who has a daughter in second level school and would like them to join the HPV programme can do so by contacting their local school vaccination team and requesting an information pack.

Please continue sharing HPV vaccine facts as we know healthcare workers are the most trusted source for information about vaccines.

If you require additional copies of posters or factsheets about HPV vaccine please contact our office. Visit www.hpv.ie for the latest information.

All first year students are offered a booster dose of MenC and Tdap vaccines to maintain immunity from serious infectious diseases.

Uptake of both vaccines dropped in 2016/17 by 3-4% leaving more children exposed to these diseases.

Tdap and MenC uptake 2012/13 – 2016/17 Source: "(Source: HPSC Tdap and MenC update 2012/13 to 2016/17)"

Adolescent vaccination not only protects the student but also infants who are most at risk of hospitalisation and death.

The HPV vaccine programme will be extended to all students in first year of second level schools from September 2019. The HPV9 vaccine Gardasil9 will be used in the vaccine programme from September 2019.

Presentation and instructions for use of vaccines in primary childhood immunisation programme.



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
Bexsero	Prefilled syringe with MenB	2 unattached needles	Attach 25mm needle to syringe and administer
IPV Boostrix	Prefilled syringe With Tdap/IPV	2 unattached needles	Attach 25mm needle to syringe and administer
Infanrix hexa	Prefilled syringe with DTaP/IPV/HepB Vial containing Hib powder	2 unattached needles	Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Administer.
Menitorix	Prefilled syringe with diluent Vial containing Hib/MenC powder	2 unattached needles	Attach 25mm needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Administer
Menjugate	Prefilled syringe with MenC	2 unattached needles	Attach 25mm needle to syringe and administer
MMRVaxPro	Prefilled syringe with diluent Vial containing MMR powder	2 unattached needles	Attach 25mm needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Administer
Priorix	Prefilled syringe with diluent Vial containing MMR powder	2 unattached needles	Attach 25mm needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Administer.
Prevenar 13	Prefilled syringe with PCV	1 unattached needle	Attach 25mm 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

Common Queries

Q. What should happen if some of the vaccine spills?

A: When some of the vaccine is lost (patient moves, syringe leaks), it is difficult to judge how much vaccine the patient received. You should not count this as a valid vaccination.

If the vaccine was non live, you should re-immunise the person as soon as possible, even at the same visit.

If the vaccine was live, a further dose should be given if you detect the error on the same day, otherwise wait 4 weeks to give the next dose.

However for rotavirus oral vaccine if it is judged that more rotavirus vaccine was swallowed than spat out a replacement dose of rotavirus vaccine is not necessary.

Q. What should happen if an unconstituted vaccine is given?

A: Some vaccines require reconstitution e.g. Infanrix hexa, and MMR vaccines

This means if a vaccine is not reconstituted and just the diluent is given, this is not counted as a valid vaccine.

The person should be re- immunised as soon as possible. There is no need to wait 4 weeks to give a live vaccine as no vaccine was given in this situation,

This does not apply when the 6in1 vaccine has not been reconstituted.

6in1 prefilled syringe contains DTaP/IPV/Hep B. The vial contains Hib powder.

If the prefilled syringe is not added to the vial and the person is vaccinated with prefilled syringe only, they have been vaccinated for DTaP/IPV/Hep B. They do not need revaccination with 6in1.

They need a single Hib vaccine only.

Q. When does a child or adult require a tetanus vaccination after a dog bite?

A: A tetanus vaccine is only required if the child or adult is not age appropriate vaccinated against tetanus.

Information Materials

We provide information materials for all of our immunisation campaigns. You can order information materials for your patients and your staff from www.healthpromotion.ie.

We encourage you to register an account for your practice so you can order information materials for your staff and patients. Please follow the how to guide available from <http://bit.ly/InfoMats>

National Immunisation Office Staff

We welcome Dr Lucy Jessop, Director of Public Health to the National Immunisation Office
Dr Tom Barrett, Senior Medical Officer.

Mr Peter Darcy, Information Officer

Ms Mary Dowling, Business Manager

Ms Cliona Kiersey, Chief Pharmacist

Ms Vicky McKenna, National Administrator- Schools Immunisation System (SIS)

Ms Yvonne Morrissey, Communications Manager

Ms Kerry Ryder, General Manager and Project Manager, NICHIS

If you have a query or would like to get the newsletter emailed directly to you, please contact us at immunisation@hse.ie



Primary Childhood Vaccines

Vaccine	Product Name	MAH	Pack Size
6 in 1	INFANRIX HEXA	GSK	10
Men B	BEXSERO	GSK	1
MenC	MENJUGATE	GSK	1
PCV	PREVENAR 13	Pfizer	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	MSD	1
Rota	ROTARIX	GSK	10
Hib/MenC	MENITORIX	GSK	1

Other Vaccines

Vaccine	Product Name	MAH	Pack Size
Flu	INFLUVAC	MYLAN	1 or 10
Pneumococcal	PNEUMOVAX 23	MSD	1
Td	DITE BOOSTER	AJ Vaccines	5
Tdap	BOOSTRIX	GSK	1

Vaccines Used By HSE

Vaccine	Product Name	MAH	Pack Size
Tuberculin	TUBERCULIN 2 TU	AJ Vaccines	10
4 in 1	IPV-BOOSTRIX	GSK	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	MSD	1
Tdap	BOOSTRIX	GSK	1
HPV4	GARDASIL	MSD	1
MenC	MENJUGATE	GSK	1

Restricted Vaccines Requiring Authorisation

Vaccine	Product Name	MAH	Pack Size
Hepatitis A	HAVRIX JUNIOR	GSK	1
Hepatitis A	HAVRIX ADULT	GSK	1
Hepatitis B	ENGRIX (adult)	GSK	1
Hepatitis B	ENGRIX (paediatric)	GSK	1
Hepatitis B	FENDRIX	GSK	1
Hepatitis B	HBVAXPRO 5mcg	MSD	1
Hepatitis A+B	TWINRIX (adult)	GSK	1
Hepatitis A+B	TWINRIX (paediatric)	GSK	1
Hib	HIBERIX	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur	1
MenACWY	NIMENRIX	Pfizer	1