

National Immunisation News

The Newsletter of the HSE National Immunisation Office

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Flu Vaccine Campaign 2017/2018

The seasonal flu vaccine campaign is well underway and over 90,000 more vaccines have been distributed this year.

Flu vaccine is recommended for anyone in the at risk groups who has not yet been vaccinated especially those with newly diagnosed long term medical conditions and pregnant women.

Monthly vaccine deliveries restart in January so **remember to order sufficient stocks of flu vaccine in December** in case there is a surge in demand in the New Year as happened last season.

Updated NIAC Guidelines for influenza vaccine administration

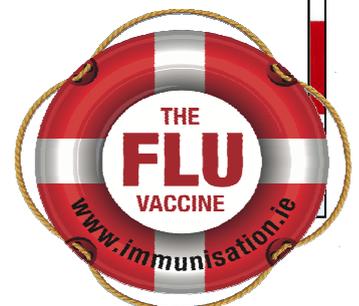
This season flu vaccine is recommended for all cancer patients, ideally at least two weeks before starting chemotherapy.

If a person given the vaccine during chemotherapy finishes their treatment during the same influenza season, they should be given a second dose at least 4 weeks after the first dose **regardless of whether they have received influenza vaccine in previous seasons.**

Additional details can be found in the new edition of the Influenza chapter of the Immunisation Guidelines available at <http://bit.ly/2iiKQpE>

Facts about flu.

- ✓ Flu causes death and hospitalisation every year.
- ✓ Flu vaccine contains killed viruses - it cannot give you flu.
- ✓ Flu vaccine is the best protection against flu for at risk groups and health care workers.
- ✓ Healthcare workers are up to 10 times more likely to get flu.
- ✓ You need to get flu vaccine every season as the viruses change every year.
- ✓ Healthy people can have flu without any obvious symptoms and pass it on.



Updated National Immunisation Guidelines

The National Immunisation Advisory Committee (NIAC) has recently updated the following Chapters of the Immunisation Guidelines:

Chapter 4: Immunisation and Health Information for Health Care Workers and Others in At Risk Occupations

Chapter 11: Influenza

Chapter 12: Measles

Where there is a discrepancy in the recommendations in different chapters, the recommendation in most recent chapter should be followed.

More updates are planned for 2018. Check our website for the most up to date versions of each Chapter <http://bit.ly/2iVsXwo>

NIAC has also issued an updated catch up schedule available at <http://bit.ly/2iWljAS>

Catch up Immunisation schedule November 2017

Vaccine	4 months to <12 months	12 months to < 4 years	4 to <10 years	10 to <18 years	18 years and older
6 in 1 ¹	3 doses 2 months apart	3 doses 2 months apart	3 doses 2 months apart		
Men B	2 doses 2 months apart (1 dose if ≥ 10 months)	2 doses 2 months apart (if born on or after October 1st 2016)			
Men C	1 dose	1 dose	1 dose	1 dose (if given at ≥ 10 years , adolescent booster not required)	1 dose (up to 23 years)
PCV	2 doses 2 months apart	1 dose (omit if ≥2 years of age ²)			
MMR ³		1 dose	2 doses 1 month apart	2 doses 1 month apart	2 doses 1 month apart ⁴
Rotavirus ⁵	2 doses 4 weeks apart No dose after 8 months 0 days				
Tdap/IPV				3 doses 1 month apart	1 dose ⁶
Td/IPV					2 doses - 1 month apart (1 month after Tdap/IPV)
NOTE	<i>Continue with routine childhood immunisation schedule from 12 months</i>	<i>Continue with routine school immunisations. Tdap/IPV at least 6 months and preferably 3 years after primary course. MMR at least 1 month after previous dose</i>	<i>Continue with routine school immunisations Tdap/IPV at least 6 months and preferably 3 years after primary course</i>	<i>Booster of Tdap/IPV 5 years after primary course and Tdap 10 years later</i>	

¹ 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

² Unless at increased risk

³ 2nd dose of MMR is recommended routinely at 4-5 years but may be administered earlier. Children vaccinated <12 months in the case of an outbreak should have a repeat MMR vaccination at 12 months of age, at least one month after 1st vaccine with a further dose at 4-5 years of age. If a child aged <18 months receives a 2nd MMR vaccine within 3 months of the 1st MMR a 3rd MMR should be given at 4-5 years of age.

⁴ For health care workers without presumptive evidence of immunity; 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

⁵ One dose if 7-<8 months

⁶ Only one dose of Tdap/IPV is required due to likely previous exposure to pertussis infection

New GP Guidelines to be published

A new edition of the Guidelines for Vaccinations in General Practice will be published online and distributed to all sites early in 2018.



HPV vaccine safety update

The World Health Organization (WHO) Global Advisory Committee for Vaccine Safety (GACVS) has reviewed the evidence on the safety of Gardasil HPV vaccine in 2007, 2008, 2009, 2013, 2014, 2015 and again in 2017.

WHO reported in July 2017 that HPV vaccines are considered to be “*extremely safe*”.

And

WHO also states “*There are now accumulated safety studies that include several million persons and which compare the risks for a wide range of health outcomes in vaccinated and unvaccinated subjects.*

However, despite the extensive safety data available for this vaccine, attention has continued to focus on spurious case reports and unsubstantiated allegations.

The Committee continues to express concern that the on-going unsubstantiated allegations have a demonstrable negative impact on vaccine coverage in a growing number of countries, and that this will result in real harm”.

There is no scientific evidence that HPV vaccine causes any long term medical condition.

We recently updated our **HPV Vaccine Safety and Effectiveness 2006 - 2017** section of our website. Please visit <http://bit.ly/2k3tI9f> for the latest research.

HPV vaccine school programme (2017/18)

In September, the HSE school teams visited second level schools across the country to offer the HPV vaccine to all girls in first year of second level schools.

The vaccination teams have been very encouraged by their experiences and their interaction with the girls and their parents. Parents mentioned strong recommendations from GPs, nurses, pharmacists and other health professionals helped them decide to get the vaccine for their daughters.

Please continue to promote HPV vaccine to prevent cervical cancer.

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

This website was recently accredited by the World Health Organization (WHO) as a site that provides reliable information on vaccine safety.



Increase in pertussis cases

There have been 229 reported cases of pertussis this year to date (04/11/2017), 40 more cases than in 2016 and a recent outbreak of pertussis cases in young infants in Co Longford.

Many pertussis cases have been reported in babies less than 6 months of age (too young to be fully vaccinated).

Pregnant women should be offered Tdap vaccine as early as possible after 16 weeks and up to 36 weeks gestation in each pregnancy, to protect themselves and their infant from pertussis.

Tdap vaccine can also be given at any time in pregnancy after 36 weeks gestation although it may be less effective in providing passive protection to the infant.

Tdap vaccine should be offered in the week after delivery to those women who were not vaccinated during their pregnancy.

Tdap vaccine is available from the National Cold Chain Service.

More information is available at <http://bit.ly/2hBJt8r>

Measles – outbreaks in Europe and Ireland

Measles outbreaks continue to occur in a number of EU countries, with over 19,000 cases and 46 deaths reported from 1st January 2016 to 31st October 2017. Countries most affected are Romania, Italy and Germany. Where vaccination status was known, 87% cases were unvaccinated.

<http://bit.ly/2i1jEvI>

Since October 2017, more than 15 cases of measles have occurred in North Dublin and in the North East.

Many of the notified cases are unvaccinated.

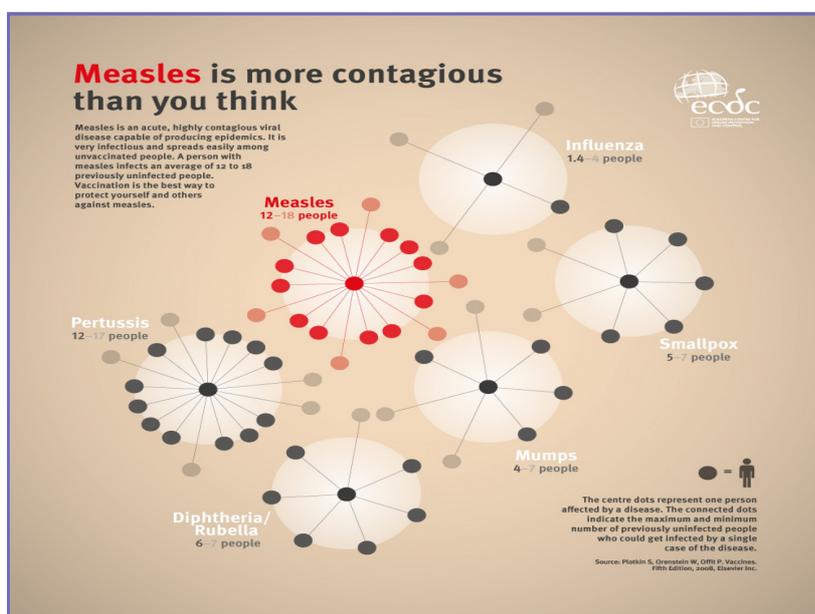
Measles is one of the most infectious vaccine preventable diseases. Vaccination with MMR vaccine is the only way to protect against measles. Please ensure all unvaccinated children are offered MMR vaccine.

More information is available at:

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

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

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



Common queries



Question

What should happen if some of the injected vaccine spills?

Answer

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 (e.g. MMR), a further dose should be given if you detect the error on the same day, otherwise wait 4 weeks to give the next dose.

Question

I inadvertently gave the 13 month vaccines or the old schedule vaccines to a child on the new schedule at 12 months, what should I do?

Answer

The primary immunisation schedule was changed so that children would have early protection from MenB disease so MenB (and the other outstanding vaccine) should be given as soon as possible, rather than leave them until the child is aged 13 months.

The Immunisation Guidelines state non live vaccines and the live (MMR) vaccine *'may be administered simultaneously or at any interval between doses'*.

<http://bit.ly/2zKva5U>

Question

Can Tdap (Boostrix) and flu vaccines be given to a pregnant woman at the same visit?

Answer

Flu vaccine is recommended at any stage in pregnancy and Tdap (Boostrix) is recommended between 16-36 weeks. The Immunisation Guidelines state non live vaccines may be administered simultaneously or at any interval between doses. <http://bit.ly/2zKva5U>

Therefore there is no problem giving Tdap and flu vaccines at the same time during pregnancy. They should be given at different sites.

Question

Does a 4 year old child who is not in school require a tetanus booster (IPV Boostrix) after a dog bite?

Answer

If the child has received 3 doses of 6in1 vaccine as part of the primary schedule the child is age appropriately vaccinated and therefore according to the Immunisation Guidelines does not require the IPV Boostrix now. The child will receive the IPV Boostrix when in junior infants as recommended by NIAC. See information at Table 21.1 at <http://bit.ly/2hsZidO>

Please send Queries to Immunisation@hse.ie

Change to vaccine allowances in online ordering system

Menitorix (Hib/MenC) vaccine is now available to order for children at 13 months who were born on or after October 1st 2016.

Older children (born before October 1st 2016) should be given single Hib and MenC vaccines as per the old schedule. This is because the HSE was only given funding to procure Menitorix for children on the new schedule and so does not have a surplus for older children.

As Menitorix contains MenC, the online allowance of Menjugate has been halved.

Single Hib (Hiberix) is not available to order online but can be requested by email/fax.

Annual vaccine stocktake

The Comptroller & Auditor General requires all sites who receive vaccines from the HSE National Cold Chain Service (NCCS) to complete a stocktake by December 31st 2017.

No orders can be processed until an online stocktake has been submitted.

Place your orders for HSE publicly funded vaccines on www.ordervaccines.ie and contact NCCS customer service if you have any queries.

Rotavirus vaccine

REMEMBER

After rotavirus vaccination, always remind parents to seek medical attention if their baby develops symptoms of intussusception.

If a baby is 8 months and 0 days of age or older then they should NOT receive any dose of rotavirus oral vaccine because of the slightly increased risk of intussusception.

Ordering Information Materials

Information materials for parents are available at:
<http://bit.ly/2zIPmHD>

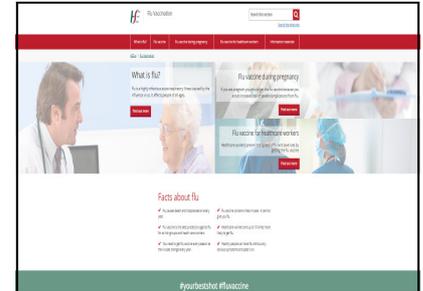
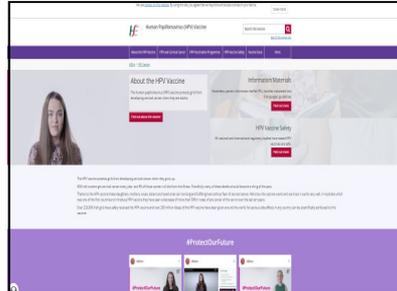
You can order these information materials on www.healthpromotion.ie (including immunisation passports, flu information leaflets and HPV vaccine information packs). If you register an account on the health promotion website you have access to more materials and will be able to order larger quantities for your practice.



Website

We encourage you to visit our website regularly to view the most up to date information about immunisation. www.immunisation.ie

For information about HPV vaccine please visit www.hpv.ie Flu vaccine please visit www.hse.ie/flu



Vaccine Safety Net

The National Immunisation Office is a member of the Vaccine Safety Net. Our websites www.immunisation.ie and www.hpv.ie are the only two vaccine websites in Ireland accredited by the World Health Organization (WHO) as websites that providing reliable information on vaccine safety. Visit www.vaccinesafetynet.org to see the other members of the Vaccine Safety Net.

Social Media

Are you following us on Twitter? Our handle is [@HSEImm](https://twitter.com/HSEImm)

#ProtectOurFuture for HPV tweets

#YourBesShot for Flu tweets

#VaccinesWork for vaccine related tweets



Happy Christmas and Best Wishes for 2018

Thank you for all your hard work in promoting and providing immunisation and for all your comments, queries and feedback throughout the year. We wish you all a happy and peaceful Christmas and New Year and look forward to working with you all in 2018.



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

Current Vaccines List Updated December 2017**Primary Childhood Vaccines**

Vaccine	Product Name	Manufacturer	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

Adult Vaccines

Vaccine	Product Name	Manufacturer	Pack Size
Td	DITE BOOSTER	AJ Vaccines	5
Pneumococcal	PNEUMOVAX 23	MSD	1
Influenza	Inactivated Influenza (Split Virion) BP	Sanofi Pasteur	10

Vaccines Used By HSE

Vaccine	Product Name	Manufacturer	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	Manufacturer	Pack Size
Hepatitis A	AVAXIM	Sanofi Pasteur	1
Hepatitis A	HAVRIX Junior Monodose	GSK	1
Hepatitis A	HAVRIX ADULT	GSK	1
Hepatitis B	ENGERIX (adult)	GSK	1
Hepatitis B	ENGERIX (paediatric)	GSK	1
Hepatitis B	FENDRIX (renal insufficiency)	GSK	1
Hepatitis B	HBVAXPRO 5mcg	MSD	1
Hepatitis B	HBVAXPRO 10mcg	MSD	1
Hepatitis B	HBVAXPRO 40mcg	MSD	1
Hepatitis A+B	TWINRIX (adult)	GSK	1
Hepatitis A+B	TWINRIX (paediatric)	GSK	1
Hib	HIBERIX	GSK	1
4 in 1	INFANRIX-IPV	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur	1
MenACW135Y	MENVEO	GSK	1