Vaccine uptake
National immunisation uptake rates at 24 months for Quarter 1 2018 show rates of 6in1 continue to reach the 95% target.

BUT

At 12 months
Rotavirus vaccine (recommended at 2 and 4 months and cannot be given at 8 months or older).

Although the number of cases of rotavirus infection have fallen the national uptake for the 2nd dose is only 89% and only two areas reached the 95% target.

Rotavirus2 vaccine uptake at 12 months Quarter 1 2018
Source: HPSC

MenC (recommended at 6 and 13 months)
National uptake declined to 89% (94% in Q3 2017) and only one area reached the 95% target.

MenC1 Vaccine Uptake at 12 Months Quarter 1 2018 Source: HPSC

At 24 months
Uptake of vaccines given at 12 and 13 months are still below 95% with MMR at 92%, PCV3 at 91%, Hibb at 90% and MenC0 at 89%.

In 2017 there were 30 cases of serogroup Men C invasive meningococcal disease in Ireland. More information is available at http://bit.ly/IDReportHPSC

It is very important that all vaccines are given on time and all 5 visits are completed to ensure children are protected from these serious infectious diseases.

Check out your local area uptakes at http://bit.ly/HPSCUptake
Changes to the Immunisation Guidelines for Ireland

NIAC has revised the following Chapters to the Immunisation Guidelines:

Chapter 3 Immunisation of Immunocompromised Persons
Chapter 7 Haemophilus influenza type b (Hib)
Chapter 13 Meningococcal Infection
Chapter 16 Pneumococcal Infection

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

Some of the key changes include

Chapter 3 Immunisation of Immunocompromised Persons
- Those on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab) should not receive any vaccines.
- Live vaccines can be given to those receiving topical calcineurin inhibitors (TCIs), e.g. tacrolimus and pimecrolimus.
- Rotavirus vaccine should be deferred until 4 and 6 months of age if immunosuppression is anticipated to be moderate or severe.
  - This may occur in mothers
  - with severe rheumatoid arthritis or inflammatory bowel disease receiving biological disease modifying anti-rheumatic drugs (bDMARDs)
  - who have received a renal transplant
  - If in doubt, consult the supervising specialist.

See page 3 Table for the recommended vaccines for immunocompromised adults

Chapter 13 Meningococcal Infection
- MenB Schedule for those aged 2 and older (i.e. at risk and catch up)
  2 does one month apart
- MenACWY Those medically at risk require boosters every 5 years after primary course

Chapter 16 Pneumococcal Infection
- Clinical risk groups that require pneumococcal vaccination now includes:
  cancer patients under hospital supervision

All of these vaccines are provided free of charge by the HSE National Cold Chain Service to GPs and hospitals for these patients.

The only vaccines for which there is funding for GP administration are seasonal influenza and PPV23 via the PCRS browser – note this is for medical and doctor only card holders only.

There is no agreed funding for the administration of the other recommended vaccines for those with long term medical conditions e.g. immunocompromised due to disease or treatment

immunisation@hse.ie
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Annuality</th>
<th>First dose (12 months after PCV)</th>
<th>Second dose (2 months after PCV)</th>
<th>Booster every 5 years</th>
<th>1 month apart</th>
<th>2 doses</th>
<th>3 doses</th>
<th>1 month apart</th>
<th>2 doses</th>
<th>3 doses</th>
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<tr>
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<td>Annually</td>
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<tr>
<td>Hib</td>
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</tr>
<tr>
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<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>1 dose</td>
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</tr>
<tr>
<td>Meningococcal B</td>
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<td>2 doses</td>
<td>2 doses</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
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</tr>
</tbody>
</table>

Recommended vaccines for immunocompromised adults

Guidance from the National Immunisation Advisory Committee (NIAC)
Measles outbreaks
Measles is one of the most infectious vaccine preventable diseases. Vaccination with 2 doses of MMR vaccine is the only way to protect against measles.

Measles is more contagious than you think
Measles is an acute, highly contagious viral disease capable of producing epidemics. It is very infectious and spreads easily among unvaccinated people. A person with measles infects an average of 12 to 18 previously uninfected people. Vaccination is the best way to protect yourself and others against measles.

Europe
Measles cases continue to increase in Europe. Between 1 June 2017 and 31 May 2018, 29 EU/EEA Member States reported 12,921 cases of measles. Only Malta reported no cases during this period.

Most cases were reported by Italy (3,697), Greece (3,039), France (2,585) and Romania (1,198). The majority of confirmed cases were over 15 years of age, unvaccinated or incompletely vaccinated.
Ireland
Cases of measles continue to occur in Ireland. Three measles outbreaks have been reported in Ireland since the beginning of 2018. Two of the three were related to measles importation from another country. For one outbreak no international source has been identified to date. One outbreak was in the Limerick area, the other 2 outbreaks were in Dublin. In July, two cases of measles were reported in an adult and a child in Dublin who had recently been in mainland Europe.

In April, HPSC published a report about the outbreaks showing the majority of confirmed cases were over 15 years of age, unvaccinated or incompletely vaccinated. By early July, 60 cases of measles have been reported in Ireland.

The likelihood of importation of measles into Ireland and possible spread in 2018 is considered high (WHO).

To read the full report visit see http://bit.ly/HPSCMeas

Recommendations
There are no changes to the routine recommendations from the National Immunisation Advisory Committee (NIAC): MMR vaccine is recommended at 12 months and at 4-5 years of age.

MMR vaccine is recommended for children aged 6-11 months of age, travelling to countries where measles outbreaks are reported. However this is considered a travel vaccine and does not form part of the childhood schedule.

Infants vaccinated before their first birthday should have a repeat vaccination at 12 months of age, at least 1 month after the first vaccine, with a further dose at 4-5 years of age.

HPV vaccine update

This programme offered the HPV vaccine to all girls in 1st year in 2017/18 and also provided a catch up programme for girls still in second level school who had missed out on the HPV vaccine.

The 2018 HSE information campaign featured twenty five year old Laura Brennan from Co Clare.

Laura talks about her experience of cervical cancer - which for Laura is now a life limiting condition.

Laura hopes her story will encourage parents to be informed and get their daughters vaccinated.

Laura’s support has made a difference - school immunisation teams reported a further increase in the uptake of the HPV vaccine in 2018. See information at http://bit.ly/HPVLaura

HPV Vaccine Studies

In February a study from Australia, reporting the longest surveillance follow-up to date of HPV vaccination, showed the HPV infection rate among vaccinated women aged 18 to 24 dropped from 22.7% to 1.1% between 2005 and 2015. A substantial fall also occurred in women aged 25–35, despite lower vaccine coverage.


In May, the Cochrane Library published evidence that shows human papilloma virus (HPV) vaccines protect against cervical lesions in young women. The evidence also shows the risk of serious adverse events is similar between control and HPV vaccines in women of all ages


immunisation@hse.ie
Health Technology Assessment of HPV vaccine for boys

The Health Information and Quality Authority (HIQA) health technology assessment to assess the benefits of extending the national HPV immunisation programme to include boys is awaited. Public consultation of the draft report is currently underway. [http://bit.ly/HiQAHtA](http://bit.ly/HiQAHtA)

HIQA’s final report is expected to be completed in autumn 2018 when it will be submitted to the Minister for Health.

Lancet article

In May 2018 the Lancet published an article “Rapid response to HPV vaccination crisis in Ireland” written by 3 members from the NIO.

This describes how the decline in the HPV vaccine has been reversed with multi sectoral support. [http://bit.ly/NIOLancet](http://bit.ly/NIOLancet)

Ireland is the first country to show such a quick response. Many thanks to you all for your help in promoting the vaccine.

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

Visit [www.hpv.ie](http://www.hpv.ie) for the latest information.

Common Queries

**Question**
If a child had a delayed 6 in 1 and PCV and/or MenC vaccine at 12 months or later do they need further doses?

**Answer**
No, if a child has had a dose of PCV, MenC or a Hib containing vaccine (6 in 1) at 12 months or older they do not need to have any further doses. This is irrespective of the vaccines the child received before the age of one year.


**Question**
Do all women who have negative rubella serology during pregnancy require MMR vaccine?

**Answer**
No. The National Immunisation Guidelines state that for:

'Satisfactory evidence of protection against rubella includes documentation of having received at least one dose of a rubella-containing vaccine or a positive antibody test for rubella. Laboratory investigation to determine vaccine response is not routinely recommended'

Over 95% of recipients are likely to develop lifelong immunity to rubella after a single dose of a rubella containing vaccine.


**Question**
What is the 4 day rule?

**Answer**
Giving a vaccine dose 4 days or less before the minimum age or interval is unlikely to have a significant adverse effect on the immune response to that dose, and does not need to be repeated.

**Question**
If a vaccine is given before the minimum recommended age or interval vaccination it is invalid. When should the vaccination be repeated?

**Answer**
The vaccine should be repeated at least 1 month after the disregarded dose


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European Immunisation Week

The National Immunisation Office took part in European Immunisation Week (EIW) from 22nd – 29th April.

EIW is a World Health Organization initiative. This year’s theme was “Vaccines are a right and a responsibility”.

It is really important every person completes the recommended vaccine schedules on time every time. We know the vaccination rates for some vaccines are not at the recommended levels and there have been 3 outbreaks of Measles already in 2018. We also still see lots of cases of Pertussis (Whooping Cough).

You can view the Vaccines Work graphic on our website http://bit.ly/VaccsWork

We also updated the Vaccines Work section of our website with our top 10 facts.

**Vaccine supply update**

**Nimenrix**
The conjugate MenACWY vaccine *Menveo* (GSK) is no longer be available from the National Cold Chain Service.

*Nimenrix* conjugate MenACWY vaccine (Pfizer) is available in place of Menveo.

*Nimenrix*  
- is indicated for the immunisation from 6 weeks of age and adults  
- requires reconstitution (like Menveo)  
- is interchangeable with Menveo  
- should be used to complete a MenACWY vaccine course commenced with Menveo

**Seasonal Flu Vaccine**
The 2017/18 flu season has ended all remaining unused flu vaccine stock should be returned to the National Cold Chain Service for destruction.

Administration of flu vaccine to all at risk groups should recommence in September 2018 when the WHO recommended vaccine for the 2018/2019 season will become available.

The inactivated influenza vaccine for the 2018/2019 season will be Influvac (trivalent inactivated influenza vaccine) manufactured by Mylan.

More details will issue shortly.

**Vaccine delivery schedule**
Please check your online calendar to know the dates of your vaccine deliveries.

There are 3 times during the year when the interval between deliveries extends to 5 weeks, and once when it extends to 3 weeks (during the flu season at the end of October). All these details are on your calendar and online.

Scheduled deliveries are within the contracted price and do not incur additional charges unlike emergency deliveries.

**Emergency deliveries are costly and cannot be approved when a site forgot to order or under ordered.**

**How clean is your fridge?**
Please return all flu vaccines now and also use this opportunity to check the expiry on all your vaccine stock.

Believe it or not, 6% of expired vaccines being returned have expired more than 6 months.

In 2017, Infanrix Hexa which had expired in 2012 was returned (more than 5 years expired!). This year, Hiberix which expired in 2013 was returned.

**Please remove all expired vaccines to ensure an expired vaccine cannot be administered.**
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

Website
Please visit our websites regularly to ensure you have the most up to date information about immunisation.

Visit www.immunisation.ie for all of your immunisation information. For information about HPV please visit www.hpv.ie

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

Social Media
Are you following us on Twitter? Our handle is https://twitter.com/HSEImm

#ProtectOurFuture for HPV related tweets

#VaccinesWork for vaccine related tweets

Search for our hashtags and join the conversation

National Immunisation Office Staff

Staff changes

Drs Brenda Corcoran and Anna Clarke, Consultants in Public Health Medicine left the NIO in August after many years in their roles. Many thanks to both of them for their valuable contributions and we wish them well in the future.

Contact details

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 Immunisation and Childhealth Information System (NICHIS) Project Support
Ms Yvonne Morrissey, Communications Manager
Ms Kerry Ryder, General Manager and Project Manager, NICHIS

Please note the next edition of the newsletter will issue when new staff are in post.

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 August 2018

### Primary Childhood Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Pack Size</th>
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<tbody>
<tr>
<td>6 in 1</td>
<td>INFANRIX HEXA</td>
<td>GSK</td>
<td>10</td>
</tr>
<tr>
<td>Men B</td>
<td>BEXSERO</td>
<td>GSK</td>
<td>1</td>
</tr>
<tr>
<td>MenC</td>
<td>MENJUGATE</td>
<td>GSK</td>
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</tr>
<tr>
<td>PCV</td>
<td>PREVENAR 13</td>
<td>Pfizer</td>
<td>10</td>
</tr>
<tr>
<td>MMR</td>
<td>PRIORIX</td>
<td>GSK</td>
<td>10</td>
</tr>
<tr>
<td>MMR</td>
<td>MMR Vax Pro</td>
<td>MSD</td>
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</tr>
<tr>
<td>Rota</td>
<td>ROTARIX</td>
<td>GSK</td>
<td>10</td>
</tr>
<tr>
<td>Hib/MenC</td>
<td>MENITORIX</td>
<td>GSK</td>
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### Adult Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Product Name</th>
<th>Manufacturer</th>
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<tbody>
<tr>
<td>Td</td>
<td>DITE BOOSTER</td>
<td>AJ Vaccines</td>
<td>5</td>
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<tr>
<td>Pneumococcal</td>
<td>PNEUMOVAX 23</td>
<td>MSD</td>
<td>1</td>
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### Vaccines Used By HSE

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Pack Size</th>
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</thead>
<tbody>
<tr>
<td>Tuberculin</td>
<td>TUBERCULIN 2 TU</td>
<td>AJ Vaccines</td>
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<tr>
<td>4 in 1</td>
<td>IPV-BOOSTRIX</td>
<td>GSK</td>
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</tr>
<tr>
<td>MMR</td>
<td>PRIORIX</td>
<td>GSK</td>
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<tr>
<td>MMR</td>
<td>MMR Vax Pro</td>
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<tr>
<td>Tdap</td>
<td>BOOSTRIX</td>
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<tr>
<td>HPV4</td>
<td>GARDASIL</td>
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<tr>
<td>MenC</td>
<td>MENJUGATE</td>
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### Restricted Vaccines Requiring Authorisation

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<tr>
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<td>AVAXIM</td>
<td>Sanofi Pasteur</td>
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<td>HAVRIX JUNIOR</td>
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<td>Hepatitis A</td>
<td>HAVRIX ADULT</td>
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<td>ENGERIX (adult)</td>
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<tr>
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<td>ENGERIX (paediatric)</td>
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<tr>
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<td>MenACWY</td>
<td>NIMENRIX</td>
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