December 2018

National Immunisation News
The Newsletter of the HSE National Immunisation Office

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Tdap vaccine in pregnancy

Pertussis continues to be reported in babies less than 6 months of age (too young to be fully vaccinated)

Thirty cases of pertussis have been reported in babies less than 6 months of age to 20th October 2018.

In 2017 there were 69 pertussis notifications in babies less than <6 months of age.

In November 2018, a national outbreak of Pertussis was declared.

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.

The vaccine will protect babies during the first few months of life and it is important that babies gets the routine childhood vaccines (which include whooping cough vaccine) on time at 2, 4 and 6 months.

Your local Department of Public Health will be able to provide you with an outbreak code to claim through the P CRS browser, for Tdap vaccine given to pregnant women between 16-36 weeks pregnant.

New information leaflets will be sent to you in the coming weeks. 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

Visit our websites

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

Are you following us on Twitter?
@hseimm
#ProtectOurFuture
#YourBestShot
#VaccinesWork

Source HPSC

www.immunisation.ie
Seasonal Flu Vaccine Campaign 2018/2019

The seasonal flu vaccine campaign is well underway. Influvac sub-unit vaccine is a trivalent inactivated influenza vaccine and has been distributed by the HSE NCCS to GPs, Hospitals and pharmacies.

Seasonal influenza vaccine is strongly recommended for:

- Persons aged 65 and over
- Adults and children aged 6 months and older with a long-term health condition such as:
  - Chronic heart disease, including acute coronary syndrome
  - Chronic liver disease
  - Chronic renal failure
  - Chronic respiratory disease, including chronic obstructive pulmonary disease, cystic fibrosis, Moderate or severe asthma or bronchopulmonary dysplasia
  - Chronic neurological disease including multiple sclerosis, hereditary and degenerative Disorders of the central nervous system
  - Diabetes mellitus
  - Down syndrome
  - Haemoglobinopathies
  - Morbid obesity i.e. body mass index over 40
  - Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction and cancer patients
- Children aged 6 months and older:
  - With any condition (e.g. cognitive dysfunction, spinal cord injury,
  - Seizure disorder, or other neuromuscular disorder) that can compromise respiratory function
  - Especially those attending special schools/day centres with moderate to severe
  - Neurodevelopmental disorders such as cerebral palsy and intellectual disability
  - On long-term aspirin therapy (because of the risk of Reyes syndrome)
- Pregnant women (vaccine can be given at any stage of pregnancy)
- Healthcare workers
  - Medical, nursing and allied health professionals including those working in residential disability Services medical,
  - Nursing and allied health students
  - Dental personnel
  - Hospital porters and cleaners
  - Ambulance personnel
  - Carers and home helps
  - All GP practice staff
  - Agency staff who fall into the above categories.
- Residents of nursing homes and other long stay Institutions
- People in regular contact with pigs, poultry or water fowl

For the 2018/2019 flu season 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.

Please note the dates of your scheduled deliveries from the NCCS. Order sufficient stock in December and note the dates of the two scheduled deliveries in January. You must ensure your orders have been placed for these scheduled deliveries as unscheduled deliveries cannot be accommodated.
**Do babies need a full dose of flu vaccine?**

The National Immunisation Advisory Committee recommend the dose of inactivated influenza vaccine Influvac Subunit is 0.5ml for all ages given by intramuscular injection into the anterolateral thigh or deltoid muscle.

**PPV 23 Vaccine**

If you have stock of PPV vaccine in your fridge and it is in date please use this stock before ordering more from the cold chain delivery service.

The immunisation guidelines advise

*“Those who received one dose of PPV23 at age ≥65 years should not receive a further dose regardless of immune status.”*

Therefore a booster dose of PPV23 vaccine is **never** required for anyone aged 65 or older.


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**Measles in Ireland**

During the first eight months of 2018 Ireland experienced a resurgence of measles, with six separate outbreaks reported. These outbreaks have now been controlled. However there were also, a small number of sporadic cases, notified in non-outbreak regions of the country. (Figure 1)

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

A Disease Surveillance report from the HPSC highlighted the risk of measles among non-immune children, teenagers and adults following importation of measles into Ireland from countries where measles outbreaks are occurring (Figure 2).


Source: HPSC

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**New NIAC Immunisation Guidelines Advice**

In August 2018 NIAC added an addendum to Chapter 12 ‘Measles’ in the Immunisation Guidelines entitled Changes to NIAC recommendations for the Prevention of Measles following exposure.

Measles in Europe

The National Immunisation Advisory Committee issued the following updated recommendations in August 2018 because of the on-going resurgence in measles in many European countries.

Children travelling to Europe aged 12 months and older who have received one dose of MMR vaccine at 12 months should also receive a second dose at least 28 days after the first dose of MMR vaccine.

Ideally vaccination should be completed 2 weeks before travel because the MMR vaccine provides protection after 14 days in most cases.

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.

NOTE: If MMR vaccine is given 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.

Cases of measles have continued to decrease across Europe since June. Slovakia, Italy, United Kingdom, France and Germany have highest number of measles cases however the number of cases is decreasing.

More information is available at

Source: ECDC

Local Reaction following MenB vaccine (Bexsero)

These reactions begin within 12 hours of vaccination consisting of swelling around the injection site which may sometimes be greater than 50mm in diameter.

They resolve spontaneously over 4 days without long term effects, antibiotic treatment is not needed.

If a child presents with signs of extensive limb swelling following vaccination, parents should be reassured that this is a non-infective injection site reaction and that it resolves completely.

It is also important to ensure that each MenB vaccination is given entirely intramuscularly.

If reaction occurs with the initial dose in the primary infant series in a child younger than 6 months, it is likely due to high levels of maternal antibodies.

Subsequent doses should be deferred until the child is 6 months, when circulating maternal antibodies will be greatly reduced http://bit.ly/NIACCh2
Rotavirus oral 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.

Are your vaccines insured?

Remember as per the Guidelines for Vaccination in General Practice

“In the event of a fridge breakdown or if vaccines are damaged for any other reason ensure that an insurance claim is submitted for damaged vaccines and that this amount is passed on to the National Immunisation Office”


Vaccine Deliveries

Please note the dates of your scheduled deliveries from the NCCS. Order sufficient stock in December and note the dates of the two scheduled deliveries in January. You must ensure your orders have been placed for these scheduled deliveries as unscheduled deliveries cannot be accommodated.

Emergency deliveries are both disruptive and costly. They are accommodated for unexpected vaccine requirements and not because of failure to place a routine order.

Delivery details are on your calendar and online.

www.ordervaccines.ie/login.aspx

Hepatitis B

HBVaxPro 10 (Hepatitis B adult, manufactured by MSD), is in short supply, and once current stock is depleted, stock will not be available in 2019.

Engerix B (adult) is available and no supply issues are expected.
Common Queries

Question
If a woman’s pregnancy coincides with two flu seasons will she need two separate flu vaccines?

Answer
Yes, NIAC recommends that the 2018/19 flu vaccine should be given to all pregnant women including those who have already received the 2017/18 flu vaccine to protect themselves and their baby in utero and after birth. The vaccine can be safely given at any stage of pregnancy.

Question
Can the infant of a woman who has been treated with an immunomodulator during pregnancy receive the rotavirus vaccine?

Answer
The rotavirus vaccine should be withheld until 4 and 6 months of age if immunosuppression is expected to be moderate or severe. Moderate or severe immunosuppression may develop in those receiving anti-rheumatic drugs (bDMARDs) and in those who have received a renal transplant. If in doubt please consult the supervising specialist.

Question
Is it possible for vaccines to overwhelm the immune system?

Answer
In 1980, children received over 3,000 antigens in the childhood vaccines. Now they receive just over 150 antigens. Children are exposed to 2,000–6,000 antigens every day so the number of antigens in childhood vaccines is much too small to overwhelm the immune system.

Question
Is the small amount of aluminium found in some vaccines harmful to children?

Answer
No but many parents are worried when they hear about aluminium.

Many vaccines contain ingredients called adjuvants which boost the vaccine’s immune response.

Aluminium has been safely used as an adjuvant in vaccines for over 70 years.

Aluminium is the third most plentiful element on the earth, after oxygen and silicon. Aluminium is present in plants, water, soil, and air, in numerous foods and beverages including fruits and vegetables.

The amount of aluminium in vaccines is comparable to the amount of aluminium in 1 litre of infant formula food.

During their first 6 months of life, infants receive approximately 4.4 mg of aluminium from vaccines but they receive much more than that in their diet. See more information at [http://bit.ly/CHOPVeC](http://bit.ly/CHOPVeC)

Question
Do any of the childhood vaccines contain mercury (thiomersal)?

Answer
No. There is no thiomersal in any of the childhood vaccine used in the Irish Immunisation Programmes.

**HPV vaccine**

Thanks to everyone who has supported the HPV vaccination programme, answered questions about HPV vaccine and who continue to advocate for the vaccine.

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

The 2018/2019 HPV vaccination programme was launched by Minister for Health Simon Harris on September 18th. At the launch Laura Brennan continued her campaign to encourage parents to be informed about HPV vaccine and to have their daughters vaccinated. The latest provisional uptake rate for the HPV Vaccine at 65%, this marks an increase of 15 percentage points in over a year.

The World Health Organization have commended the broad collaborative approach taken by the HSE (in cooperation with partner agencies and bodies) in successfully addressing the significant drop in uptake rates. The HSE School Immunisation teams completed the 1st round of HPV vaccination programme for 2018/2019 in September and October. This programme offered the HPV vaccine to all girls in 1st year and also provided a catch up programme for girls still in second level school who had missed out on the HPV vaccine.

It is important when possible to remind parents that a catch up facility is available so anyone who may have hesitated previously can contact the schools teams and get their daughter vaccinated.

**HPV vaccine studies**

In July 2018 researchers in Norway reported a significant 90% drop in HPV vaccine types in girls who were vaccinated with HPV vaccine. [https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiy432/5054086](https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiy432/5054086)

In June 2018 a study published from England showed that 8 years after the introduction of HPV vaccine cancer causing HPV infections have fallen 86% among women aged 16 to 21 who were eligible for the vaccine. [https://academic.oup.com/jid/article/218/6/911/5025126](https://academic.oup.com/jid/article/218/6/911/5025126)


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

**Information Materials**

You can order information materials for your patients and your staff from [www.healthpromotion.ie](http://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](http://bit.ly/InfoMats)

**National Immunisation Office Staff**

Dr Sean Denyer Interim Director of National Immunisation Office, Director of Public Health  
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  

If you have a query please contact us at [immunisation@hse.ie](mailto:immunisation@hse.ie)
## Current Vaccines List Updated December 2018

### Primary Childhood Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Product Name</th>
<th>Manufacturer</th>
<th>Pack Size</th>
</tr>
</thead>
<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>
<td>PCV</td>
<td>PREVENAR 13</td>
<td>Pfizer</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>Rota</td>
<td>ROTARIX</td>
<td>GSK</td>
<td>10</td>
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<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>
<th>Pack Size</th>
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<tbody>
<tr>
<td>Td</td>
<td>DITE BOOSTER</td>
<td>AJ Vaccines</td>
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<tr>
<td>Pneumococcal</td>
<td>PNEUMOVAX 23</td>
<td>MSD</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>Influenza</td>
<td>INFLUVAC SUBUNIT</td>
<td>Abbott/Mylan</td>
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<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>
<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>
<td>1</td>
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<tr>
<td>Tdap</td>
<td>BOOSTRIX</td>
<td>GSK</td>
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<tr>
<td>HPV4</td>
<td>GARDASIL</td>
<td>MSD</td>
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<tr>
<td>MenC</td>
<td>MENJUGATE</td>
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### Restricted Vaccines Requiring Authorisation

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<th>Vaccine</th>
<th>Product Name</th>
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<th>Pack Size</th>
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<tbody>
<tr>
<td>Hepatitis A</td>
<td>AVAXIM</td>
<td>Sanofi Pasteur</td>
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<tr>
<td>Hepatitis A</td>
<td>HAVRIX JUNIOR</td>
<td>GSK</td>
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<tr>
<td>Hepatitis A</td>
<td>HAVRIX ADULT</td>
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<tr>
<td>Hepatitis B</td>
<td>ENGERIX (adult)</td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td>ENGERIX (paediatric)</td>
<td>GSK</td>
<td>1</td>
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<tr>
<td>Hepatitis B</td>
<td>FENDRIX</td>
<td>GSK</td>
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<td>Hepatitis B</td>
<td>HBVAXPRO 5mcg</td>
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<td>Hepatitis B</td>
<td>HBVAXPRO 40mcg</td>
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<tr>
<td>Hepatitis A+B</td>
<td>TWINRIX (adult)</td>
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<tr>
<td>Hepatitis A+B</td>
<td>TWINRIX (paediatric)</td>
<td>GSK</td>
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<tr>
<td>Hib</td>
<td>HIBERIX</td>
<td>GSK</td>
<td>1</td>
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<tr>
<td>Tdap/IPV</td>
<td>IPV-BOOSTRIX</td>
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<tr>
<td>Td/IPV</td>
<td>REVAXIS</td>
<td>Sanofi Pasteur</td>
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<tr>
<td>MenACWY</td>
<td>NIMENRIX</td>
<td>Pfizer</td>
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