



National Immunisation News

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Websites

www.immunisation.ie

www.hse.ie/flu

www.hpv.ie

Proud members of the WHO vaccine safety network

Social Media

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

Are you following us on YouTube?
[National Immunisation Office](https://www.youtube.com/NationalImmunisationOffice)

[#YourBestShot](https://twitter.com/YourBestShot)

[#ProtectOurFuture](https://twitter.com/ProtectOurFuture)

[#VaccinesWork](https://twitter.com/VaccinesWork)

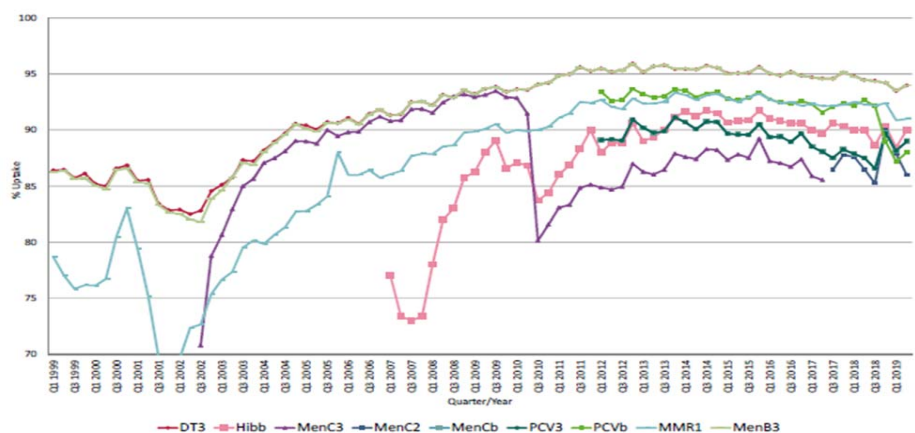
Primary Childhood Schedule

National immunisation uptake rates at 24 months of age for Quarter 2 2019 (Q2 2019)

National uptake rates for diphtheria, tetanus, polio, pertussis, haemophilus influenzae type b and polio vaccine improved by 1% to 94% in Quarter 2 2019, however, the uptake rates are now below the target rate of 95% for the fifth quarter in a row.

While uptake rates of diphtheria, tetanus, polio, pertussis haemophilus influenzae type b and polio vaccine increased to 94%, uptake of the remaining vaccines in Quarter 2 2019 are lower.

See Figure National quarterly immunisation uptake rates at 24 months from HPSC (D3 = 6in1)



Check out your local area uptakes at <http://bit.ly/HPSCUptake>

What can you do?

Despite everything we hear about social media and its influence on vaccine uptake, research shows that doctors and other healthcare professionals are the most trusted sources of information about vaccines for parents. In view of the sub-optimal childhood vaccine uptake it is particularly important that parents are encouraged to have the recommended vaccines given at the recommended time for their babies.

Research also shows that reminding people to have vaccinations increases the number of people who receive vaccinations. All types of patient reminder and recall are likely to be effective, and reminding people over the telephone is the most effective.

More information is available from: <http://bit.ly/VaccRemind>

Seasonal Flu Vaccine Campaign 2019/2020

The flu vaccine for 2019/2020 is Quadrivalent Inactivated Influenza vaccine (Split Virion) BP manufactured by Sanofi Pasteur. The vaccine is delivered in packs of ten prefilled syringes with attached needles.

The seasonal flu vaccine campaign is well underway and over 1 million vaccines have been distributed this year to GPs, pharmacies and occupational health departments around the country.

Flu vaccine is recommended for anyone in the at-risk groups who has still not yet been vaccinated especially those with newly diagnosed long term medical conditions and all pregnant women. If a mother is pregnant over two flu seasons she requires the flu vaccine this flu season too.



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

Table 11.1 Dose of influenza vaccine

Age group	Dose
Children aged 6 months* to <9 years	Two doses, 4 weeks apart, if receiving influenza vaccine for the first time
Those aged 9 and older <ul style="list-style-type: none"> • post haematopoietic stem cell transplant • post solid organ transplant 	Two doses, 4 weeks apart, if receiving influenza vaccine for the first time post transplant
Cancer patients who receive the vaccine while on chemotherapy and who complete their treatment in the same season**	Two doses 2 nd dose on completion of treatment at least 4 weeks after 1 st dose (regardless of influenza vaccination in previous seasons)
All others	One dose

*LAIV from 24 months to <18 years.

** if the lymphocyte count is $\geq 1.0 \times 10^9/L$

The seasonal 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, if the patient's lymphocyte count is $\geq 1.0 \times 10^9 /L$.

Changes to the Immunisation Guidelines for Ireland

NIAC has revised the following Chapters to the Immunisation Guidelines: <http://bit.ly/NIACGuideline>

Chapter 3 Immunisation of Immunocompromised Persons
Chapter 11 influenza (see above)
Chapter 13 Meningococcal Infection

Pneumococcal vaccines (PPV23) and (PCV13)

The PPV23 vaccine contains purified polysaccharide from 23 of the most common capsular types of streptococcus pneumoniae. This vaccine is recommended for those aged 65 years and older and at risk adults and children over 2 years of age.

The PCV13 pneumococcal conjugate vaccine contains antigens from 13 of the most common serotypes. The PCV13 vaccine can be prescribed for all age groups.

Some patients at high risk of invasive pneumococcal disease are recommended both the PCV13 vaccine and PPV23 vaccines. PCV13 vaccine should always be given first followed by PPV23 vaccine after a time interval of 2 months to provide maximum immunological efficacy. If the PPV23 vaccine is given first the PCV13 vaccine should not be given for an interval of one year.

How many doses of PPV23 are required?

1. All adults aged 65 years and older who have never previously received PPV23 require **ONE** dose only. No further doses are required regardless of immune status. It can be given at same time as flu vaccine.
2. Many people who are at risk of pneumococcal disease need one PPV23 before the age of 65. They are also recommended one dose of PPV23 vaccine when they reach 65 or after a 5 years interval from the 1st PPV23.
3. Some of those at risk of pneumococcal disease where the response to the vaccine is expected to decline rapidly need ONE booster PPV23 vaccine after 5 years. They like all adults are also recommended at PPV23 vaccine when they reach 65 or after a 5 years interval from the 2nd PPV23. So these patients require 3 PPV23 vaccines in total.

The PPV23 is not recommended every 5 years for any patient (NIAC). Visit <http://bit.ly/PPVacc> for more information.

Tdap vaccine in pregnancy



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

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. 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. See a video explaining the importance of getting Tdap vaccine during pregnancy developed by CUMH on our website: <http://bit.ly/PertussisPreg1>

Your local Department of Public Health will be able to provide you with an outbreak code to claim for the administration of Tdap vaccine through the PCRS browser, for pregnant women from 16 weeks in pregnancy. This means that the vaccine and its administration are free for all pregnant women.

HBvaxPro40 vaccine

The NCCS supply of HBvaxPro 40mcg is nearly depleted. Please ensure that all remaining stock of HBVaxPro 40 is used only to complete courses. Fendrix must be used in all new courses.

Second level school vaccine programme (2019/2020)

In September, the HSE school teams visited second level schools across the country to offer the HPV Gardasil9 and Tdap vaccines to all students in first year of second level schools.

The vaccination teams have been very encouraged by the uptake of both vaccines and their interaction with the students and their parents. Please continue to promote Gardasil9 vaccine which protects against infection with HPV types that are known to be causative in 90% of cervical cancers. If you require additional copies of posters or factsheets about HPV vaccine please contact our office and visit www.hpv.ie for the latest information. This website is the only Irish website accredited by the World Health Organization (WHO) as a site that provides reliable information on vaccine safety.

The National Immunisation Office has produced an e-learning module on the new HPV vaccine programme for healthcare professionals. General practice and HSE staff can access the module at www.HSEland.ie and we would encourage you to use the module to help you to understand and explain the new HPV programme to parents and the public. See information on HPV vaccine safety at <http://bit.ly/HPVSafety>

The school teams will be returning to schools from February 2020 to offer the second dose of Gardasil9 vaccine and one dose of MenACWY to all students in first year of secondary school and age equivalent in special schools and home schooled students.

Furthermore please advise parents about the importance of the MenACWY vaccine to protect their children against invasive meningococcal disease caused by meningococcus types A, C, W and Y.

See MenACWY vaccine Frequently Asked Questions for Health Professionals available at <http://bit.ly/MenACWYFAQ>

HPV Vaccine Supply

There is a global shortage of HPV vaccine. The HSE has procured sufficient stock to continue to provide the HPV school vaccination programme to all students in first year of secondary school and age equivalent in special schools and home schooled children.

Mumps and Measles (Europe) outbreaks

There are ongoing outbreak of mumps in Ireland. To the end of November 2019, there have 2,242 cases of mumps reported nationally (HPSC). Most cases are in the 15 to 24 year olds age group.

To prevent the spread of **mumps** it is important that young adults and children and particularly second level school and college students:

- Should be vaccinated appropriately with two MMR vaccines.
- With symptoms suggestive of mumps should not attend the GP surgery but phone their GP for a suitable time for surgery attendance/advice.
- With clinical mumps should be excluded from school/college for 5 days following the onset of salivary swelling.

See information from the HPSC at <http://bit.ly/HPSCMumps>

The National Immunisation Advisory Committee recommendation to give MMR to children less than one year of age travelling to regions like Europe where there are ongoing **measles** outbreaks remains in place. The MMR vaccine is available free from the Cold Chain for these outbreaks. See <http://bit.ly/MMRTravel>

Common Queries

Q. What should happen if an unconstituted MMR 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. If this occurs for the MMR 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.

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

Q. Do all women who have negative rubella serology during pregnancy require MMR vaccine?

A: 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. See information at <http://bit.ly/NIACChapter20>

Q. Do the immunisation guidelines recommend serology to check mumps immunity?

A: No, presumptive evidence of immunity to mumps is written documentation of vaccination with two doses of MMR vaccine at least 1 month apart.

As the clinical interpretation of mumps serology post-vaccine can be challenging, detectable mumps IgG at a single time-point is not considered sufficient evidence for immunity. Administration of two doses of MMR vaccine is preferred to repeat serological testing.

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.

If you have a query please contact us at immunisation@hse.ie

Wishing you a very Happy Christmas

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 2020.

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	Quadrivalent Influenza Vaccine, (Split Virion, inactivated)	Sanofi Pasteur	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
HPV9	GARDASIL 9	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	ENGERIX (adult)	GSK	1
Hepatitis B	ENGERIX (paediatric)	GSK	1
Hepatitis B	FENDRIX	GSK	1
Hepatitis B	HBVAXPRO 5mcg	MSD	1
Hepatitis A+B	TWINRIX (adult)	GSK	1
Hib	HIBERIX	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur	1
MenACWY	NIMENRIX	Pfizer	1