History and aims of immunisation Dr Brenda Corcoran National Immunisation Office





Objectives

- To examine the history of immunisation
- To explain the aim of immunisation
- To develop an understanding of the role of the following agencies in relation to immunisation
 - The National Immunisation Advisory Committee (NIAC)
 - The Department of Health (DoH)
 - The Health Service Executive (HSE)
 - The National Immunisation Office (NIO)
 - The Health Protection Surveillance Centre (HPSC)
- To understand the importance of infectious disease surveillance in Ireland





Smallpox



Edward Jenner (1749 –1823)

Variola virus

Infected humans 10,000 years ago

Known in China 11th century BC

Inoculation described 6th century BC

1796 vaccinia virus isolated





Smallpox



"More mites die from vaccination than from the disease they are supposed to be inoculated against"

George Bernard Shaw 1929





Smallpox



1977 Last reported case Somalia

1980 WHO declared eradication

CDC. Public Health Images Library (PHIL) id# 131. Source: CDC/Barbra Rice







Endemic for thousands of years

1955 Inactivated polio vaccine

1962 Live oral polio vaccine





Immunisation campaigns in Cuba and Eastern Europe

Wild polio virus eradicated in large areas

Basis for eradication

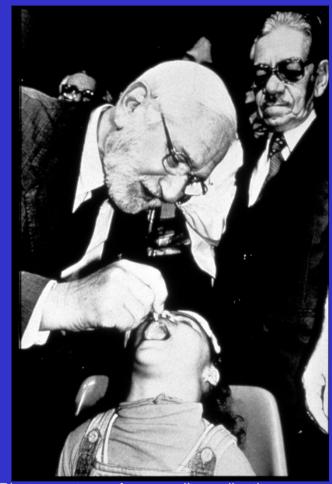


Photo courtesy of www.polioeradication.org



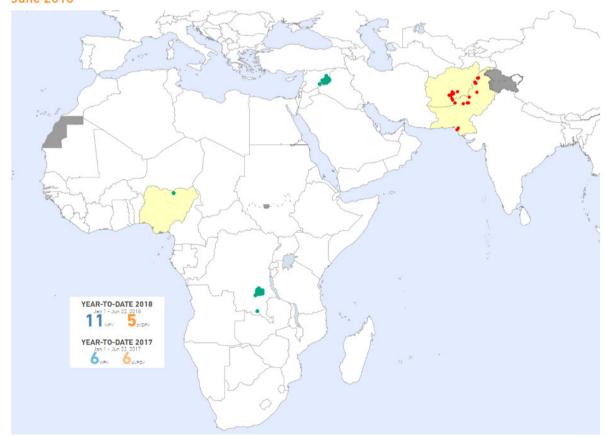


POLIO NOW

This interactive map shows polio cases and disease surveillance indicators worldwide within the desired timeframe and available data, as well as environmental samples in endemic countries.

Find out the latest information on polio this week.

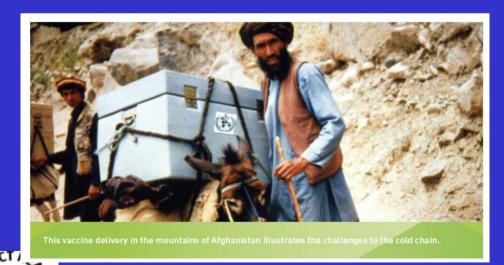
Global wild poliovirus and circulating vaccine-derived poliovirus cases – last 12 months – as of 22 June 2018







- 22 cases in 2017
- 11 cases to date in 2018
- 0 in non endemic countries
- Pakistan/ Afghanistan



Global Polio Eradication Initiative







Average USA Annual Morbidity Due to Vaccine Preventable Diseases in the 20th Century compared with Morbidity in 2013 (for pre-1990 vaccines)

Comparison of 20th Century Annual Morbidity & Current Morbidity

Disease	20 th Century Annual Morbidity*	2013 Reported Cases [†]	% Decrease
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Pertussis	200,752	28,639	86%
Tetanus	580	26	96%
Polio (paralytic)	16,316	1	>99%
Measles	530,217	187	>99%
Mumps	162,344	584	>99%
Rubella	47,745	9	>99%
CRS	152	1	99%
Haemophilus influenzae	20,000 (est.)	31 [§]	>99%

Sources:

- * JAMA. 2007;298(18):2155-2163
- † CDC. MMWR August 15, 2014;63(32);702-715. (MMWR 3013 final data)
- § Haemophilus influenzae type b (Hib) <5 years of age. An additional 10 cases of Hib are estimated to have occurred among the 185 reports of Hi (<5 years of age) with unknown serotype.





Comparison of Pre-Vaccine Era Estimated Annual Morbidity with Current Estimate

With Carrotte Edition				
Disease	Pre-Vaccine Era Annual Estimate	2013 Estimate (unless otherwise specified)	% Decrease	
Hepatitis A	117,333 [*]	2,890 [†]	98%	
Hepatitis B (acute)	66,232 [*]	18,800 [†]	72%	
Pneumococcus (invasive) All ages <5 years of age	63,067* 16,069*	33,500 [¶] 1,900 [§]	47% 88%	
Rotavirus (hospitalizations <3 years of age)	62,500 [‡]	12,500**	80%	
Varicella	4,085,120 [*]	167,490 ^{††}	96%	

Sources:

- * JAMA. 2007;298(18):2155-2163
- † CDC. Viral Hepatitis Surveillance United States, 2011
- ¶ CDC. Active Bacterial Core surveillance Provisional Report; S. pneumonia 2013.
- § CDC. Unpublished, Active Bacterial Core surveillance
- ‡ CDC. MMWR. February 6, 2009 / 58(RR02); 1-25
- ** New Vaccine Surveillance Network 2013 data (unpublished); U.S. rotavirus disease now has biennial pattern
- †† CDC. Varicella Program 2013 data (unpublished)





Aim of immunisation

 The aim of immunisation is the prevention of disease in individuals or groups.

Examples

- 1980 elimination of smallpox (WHO)
- 1991-Elimination of polio from the Americas

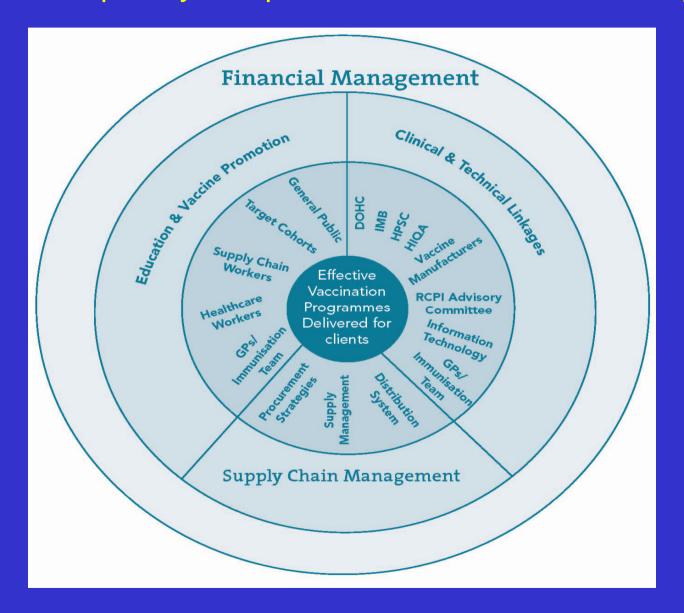
Achieved by

- a comprehensive immunisation programme achieving the World Health Organisation target uptake of 95% for childhood vaccines and 75% for influenza vaccines
- intensive surveillance of these diseases





Multidisciplinary components of an immunisation system







The National Immunisation Advisory Committee (NIAC)

- Independent committee of the RCPI
- Variety of experts
- Advises the Department of Health
- Produces the National Immunisation Guidelines for Ireland Based on
 - best evidence regarding the safety and efficacy of vaccines
 - the disease burden
 - pharmacoeconomic analyses







The Department of Health (DoH)

 Responsible for making policy decisions regarding the immunisation programme including changes to the current immunisation programme

The Health Products Regulatory Authority (HPRA) (formerly the Irish Medicines Board)

- Regulatory body responsible for licensing of vaccines and ensuring their quality and safety and efficacy
- Responsible for monitoring and evaluation of adverse events following immunisation





HSE

- Responsible for the implementation of the primary childhood, school immunisation and seasonal influenza vaccination programmes
- Delivered by general practitioners (GPs), practice nurses, pharmacists, community health doctors and public health nurses and support staff





The National Immunisation Office (NIO)

Coordinating Unit

- Standardised implementation of all publicly funded immunisation programmes
- Protocols and immunisation training
- Information materials for the general public
- National immunisation website www.immunisation.ie
- Vaccine contracts and the HSE National Cold Chain delivery Service to provide vaccine deliveries to all GPs, hospitals and HSE clinics
- Development of a national IT database
 - Currently different PCI IT systems modified with any changes to schedule
 - School immunisation system





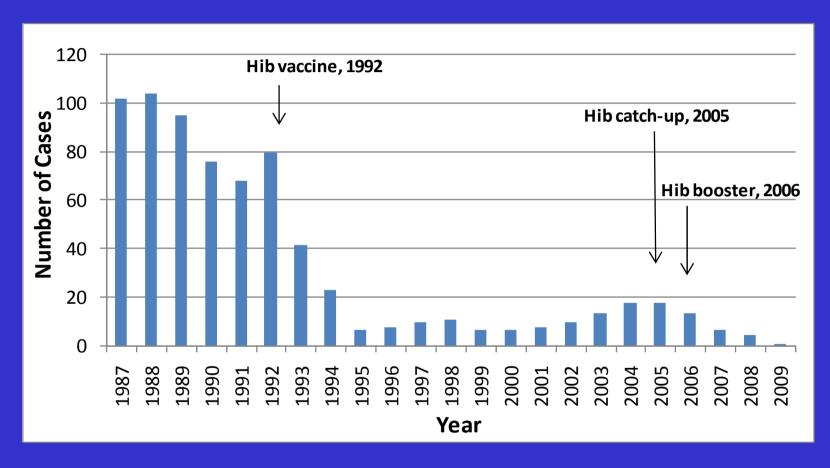
Health Protection Surveillance Centre (HPSC)

- Responsible for surveillance of vaccine preventable diseases
- Monitors immunisation uptake data from each HSE area and reports on uptake rates





Importance of surveillance - Hib catch up 2006

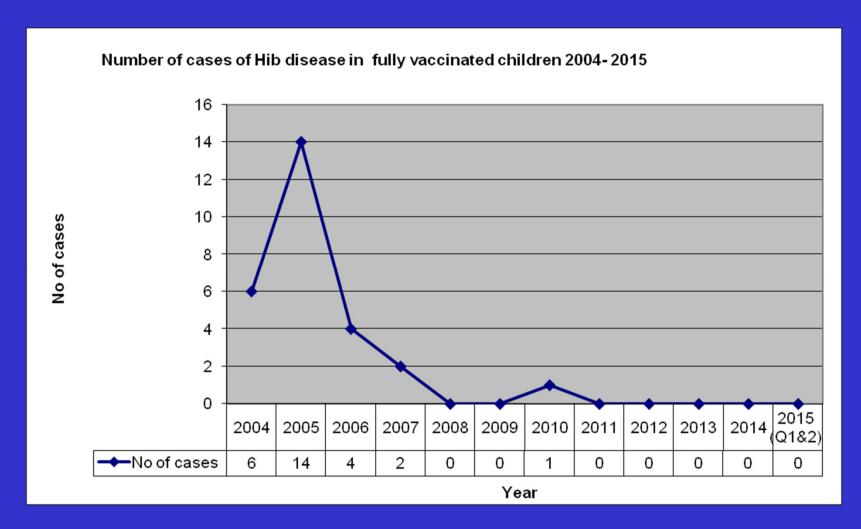


Source: HPSC





Impact of Hib campaign

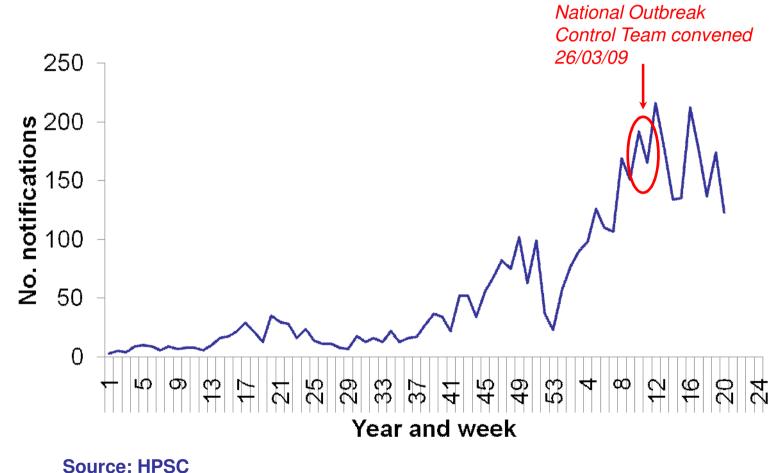


Source: HPSC





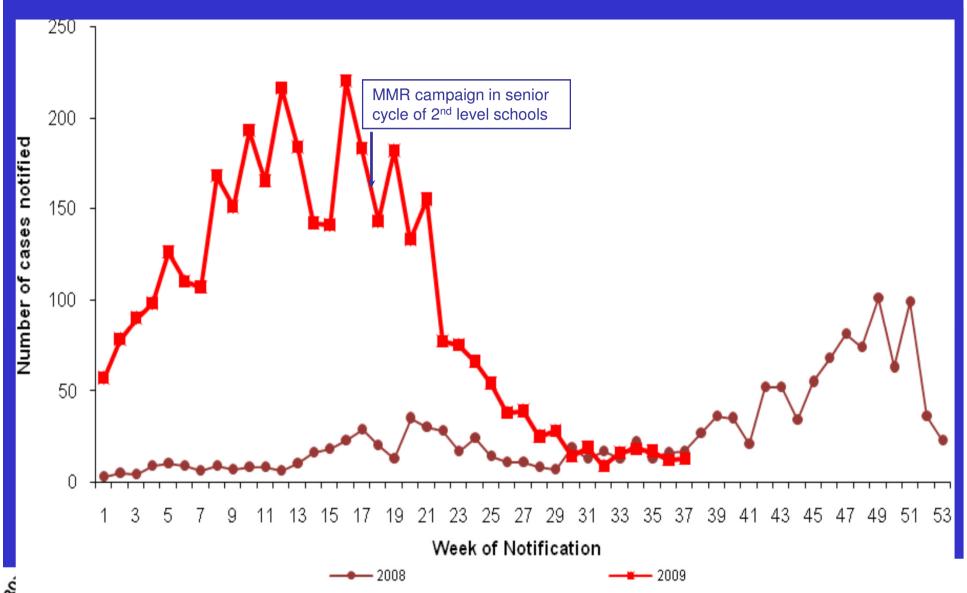
Importance of surveillance Mumps notifications, in Ireland 2008-week 20 2009*





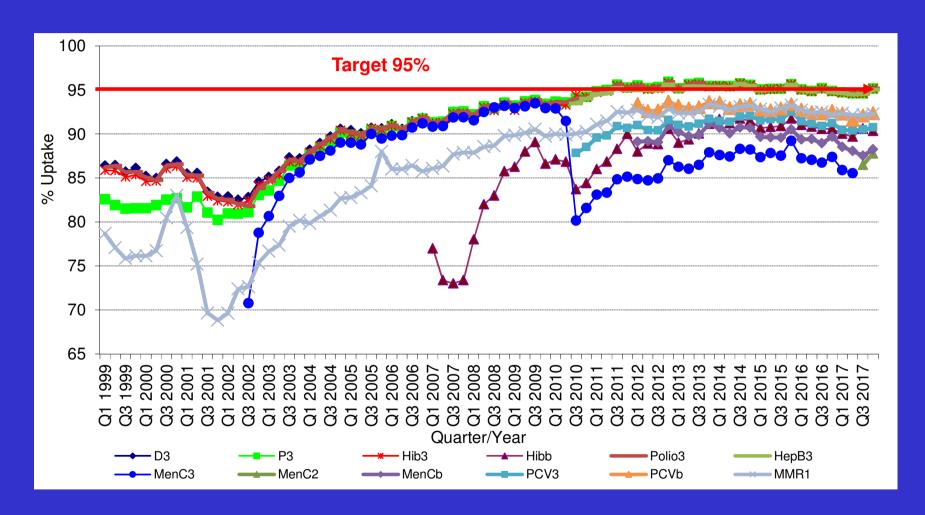


Mumps notifications 2008 and 2009



Data were extracted from the Computerised Infectious Disease Reporting (CIDR) system on the 25/09/2009. 2009 data are provisional.

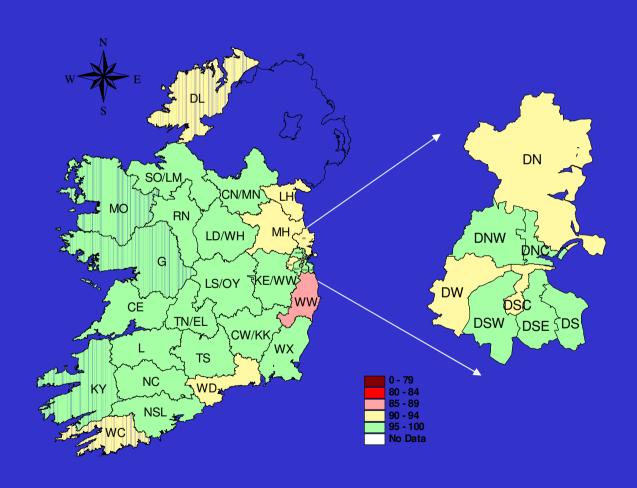
Vaccine uptake rate at 24 months 1999-2017







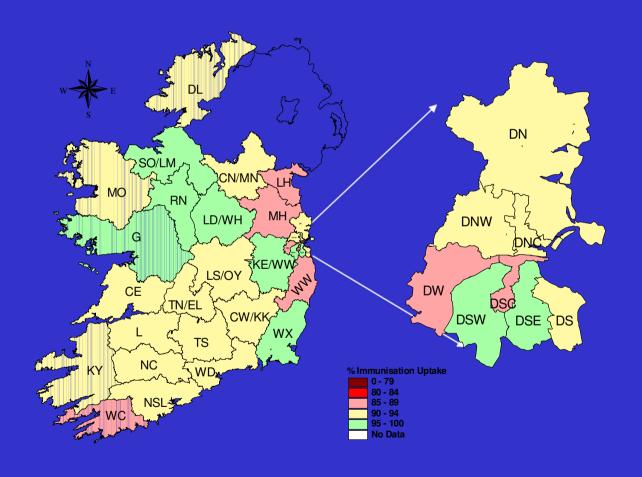
Quarter 4 2017 D3 immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)







Quarter 4 2017 MMR immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)







✓ "The economic benefits of immunisation have been greatly underestimated"

The Value of Vaccination: Harvard School of Public Health

"Recent outbreaks emphasize the regional responsibility we all share to keep vaccinepreventable diseases under control. Immunization saves millions of lives every year and this public health success story must be sustained."

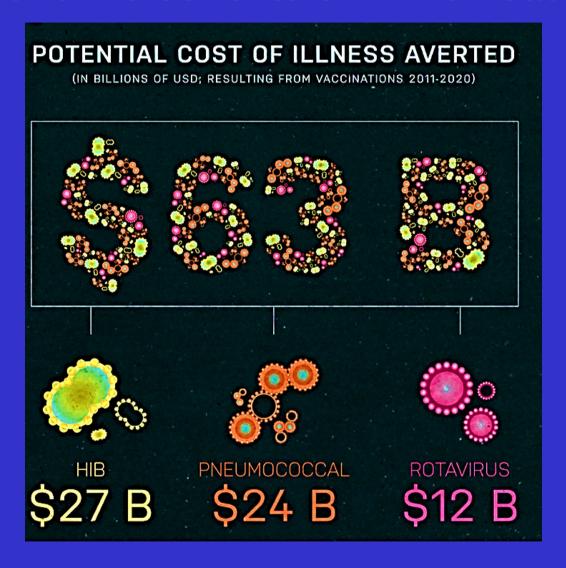
World Health Organization: European Immunisation Week 2017







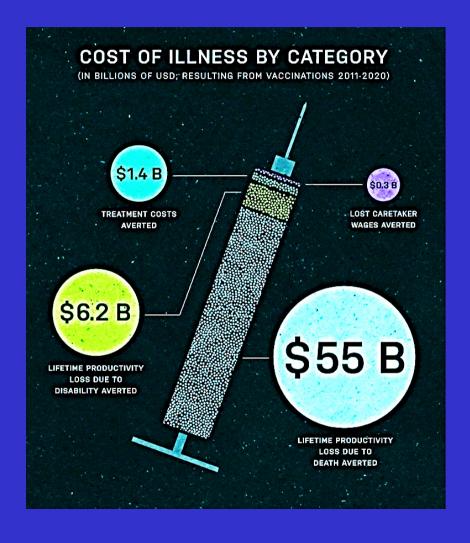
Economic benefits of immunisation







Economic benefits of immunisation





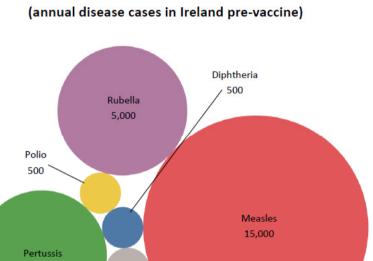


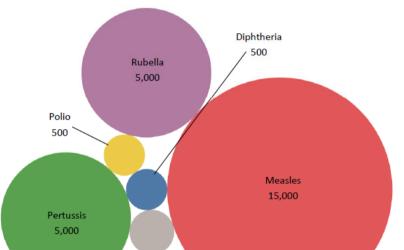


Vaccines Work in Ireland



These bubbles are sized according to the annual number of cases in Ireland during the pre-vaccine era versus 2015. It is clear that significant progress has been made. However, we must not become complacent. We need to keep vaccine uptake at 95% to stop outbreaks of these serious infectious diseases.





Then

Meningococcal 587

Reference:

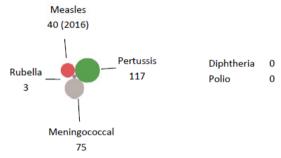
http://www.hpsc.ie/

http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/



(disease cases in Ireland in 2015)











^{*} The figure refers to number of diphtheria cases in 1948 as pre-vaccine data are not available

More information



http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines





