# 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 and Children (DoHC)
  - 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



Variola virus

Infected humans 10,000 years ago Known in China 11<sup>th</sup> century BC Inoculation described 6<sup>th</sup> century BC 1796 vaccinia virus isolated

#### Edward Jenner (1749 - 1823)





## **Smallpox**



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

George Bernard Shaw 1929





## Smallpox



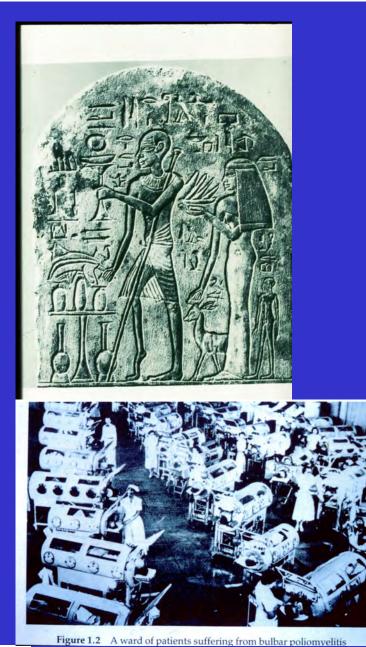
#### 1977 Last reported case Somalia

#### 1980 WHO declared eradication

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







## Polio

Endemic for thousands of years

1955 Inactivated polio vaccine

1962 Live oral polio vaccine



courtesy of www.polioeradication.org www.immunisation.ie



### Polio

Immunisation campaigns in Cuba and Eastern Europe

Wild polio virus eradicated in large areas

**Basis for eradication** 

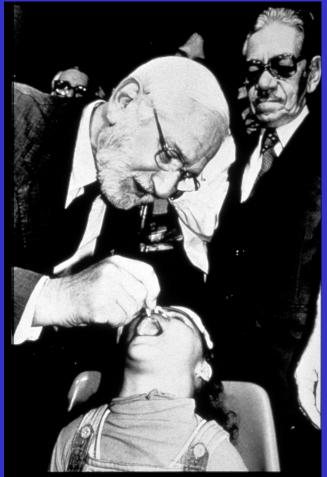
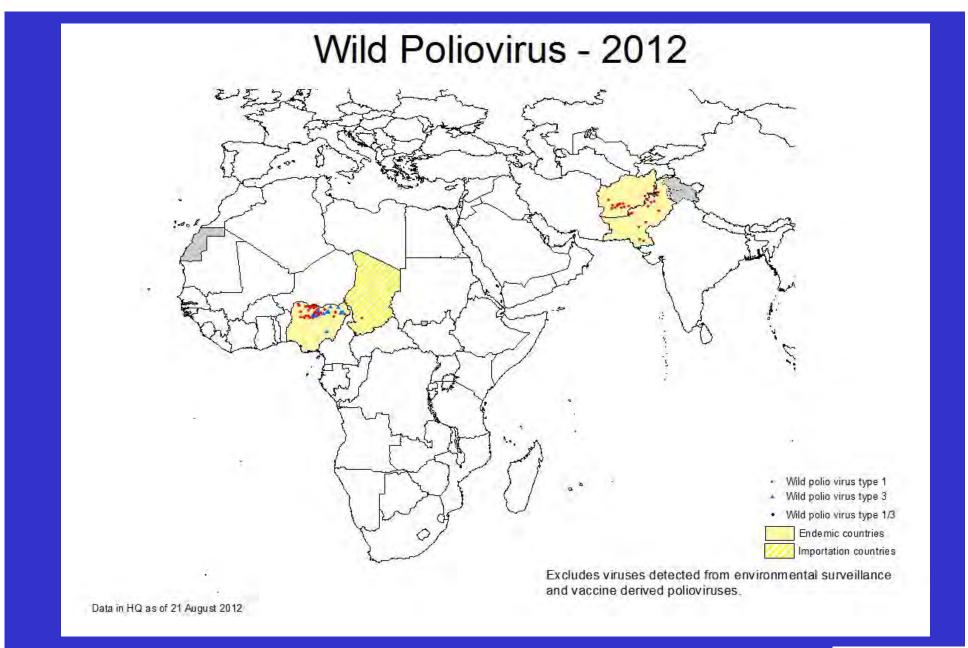


Photo courtesy of www.polioeradication.org











## Polio 2011

- 4 endemic countries
- Pakistan, Afghanistan, Nigeria, Chad
- 650 cases in 2012
- 309 (48%) in non endemic countries

#### **Global** Polio Eradication Initiative







#### Average USA Annual Morbidity Due to Vaccine Preventable Diseases in the 20th Century compared with Morbidity in 2004 (for pre-1990 vaccines)

	Morbidity		Percentage
Disease	Average number of cases per year in 20 <sup>th</sup> century	Number of cases in 2004	decrease in number of deaths
Smallpox	48,164	0	100
Diphtheria	175,885	0	100
Polio	16,316	0	100
Measles	503,282	37	99.99
Rubella	47,745	12	99.97
Mumps	152,209	236	99.84
Tetanus	1314	26	98.02
Pertussis	147,271	18,957	87.13





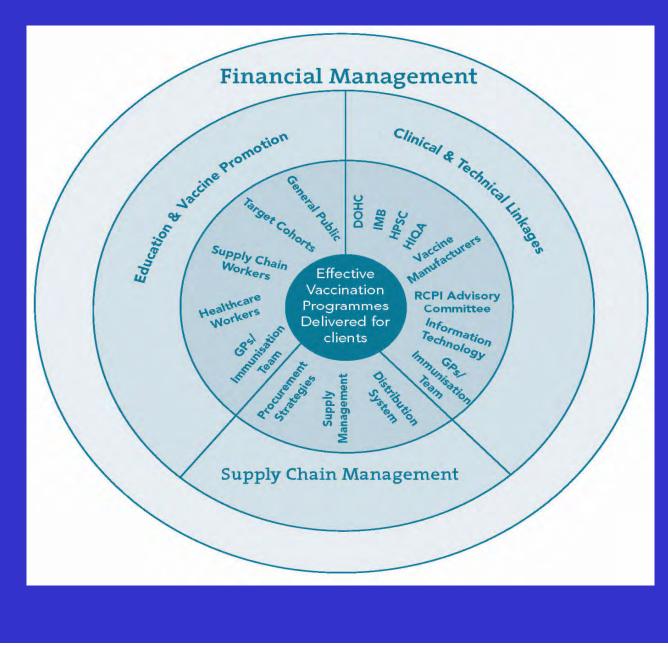
# Aim of immunisation

- 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





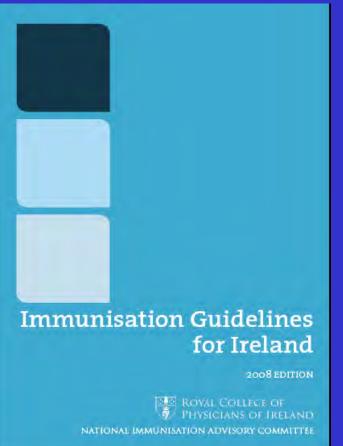


# The National Immunisation Advisory Committee (NIAC)

- Independent committee of the RCPI
- Variety of experts
- Advises the Department of Health and Children
- 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 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







## **Integrated Services Directorate**

- 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 <u>www.immunisation.ie</u>
- 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 IT systems modified with any changes to schedule





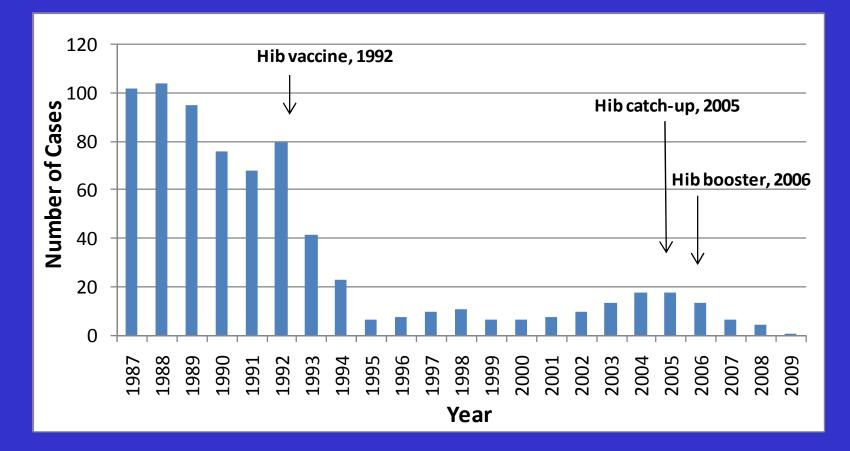
# Health Protection Surveillance Centre (HPSC)

- 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

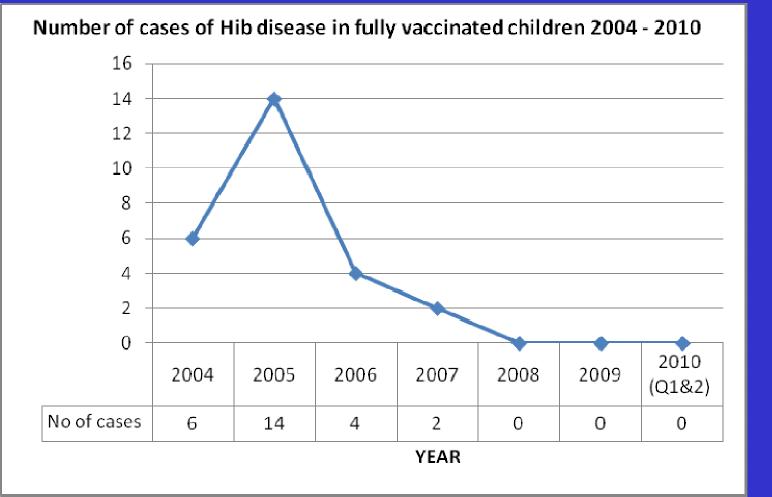


Source: HPSC





# Impact of Hib campaign



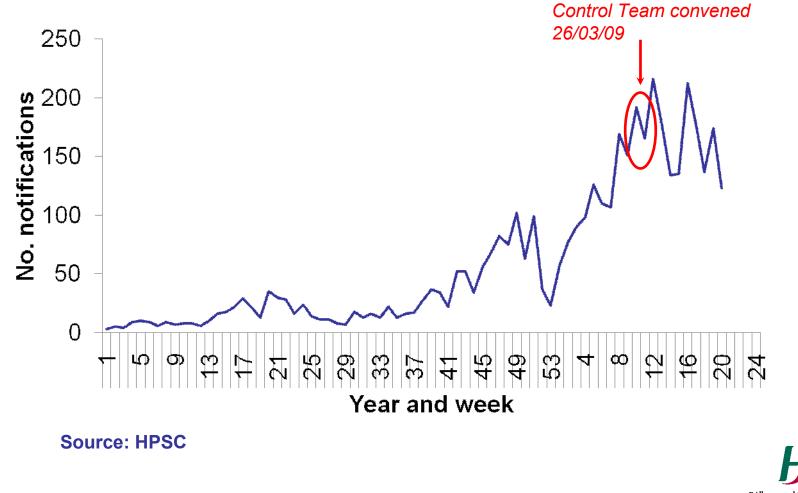
Source: HPSC





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

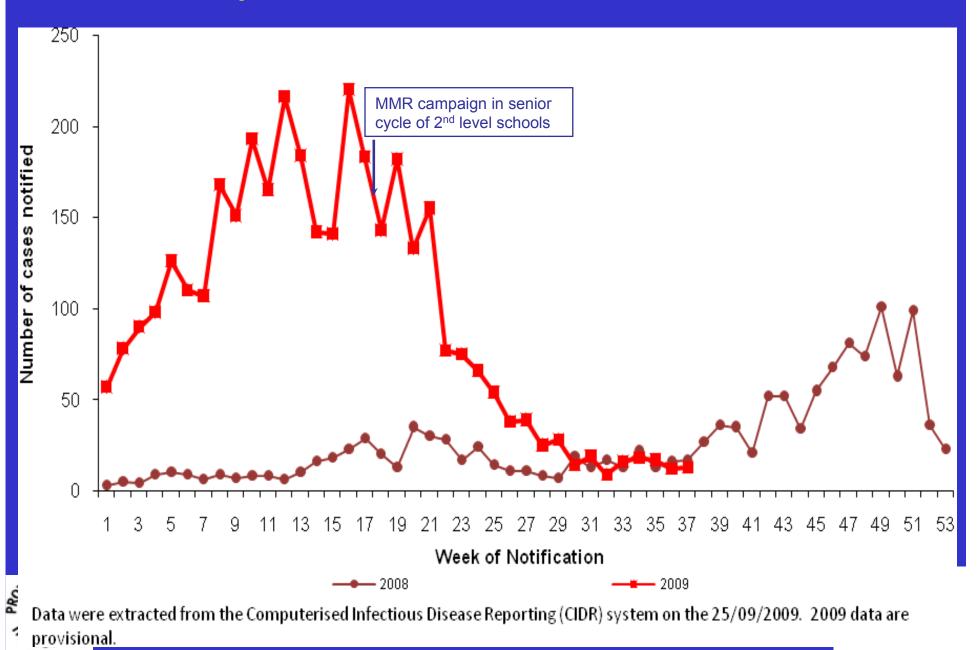
National Outbreak



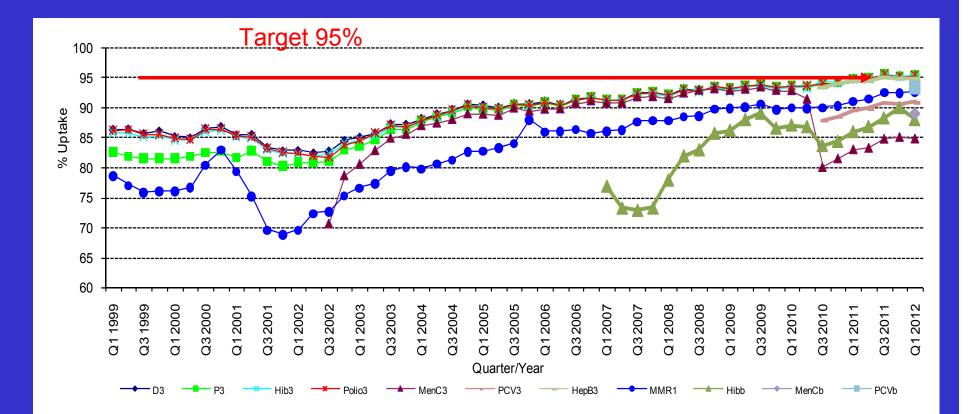
Feidhmeannacht na Seirbhíse Sláinte Health Service Executive



# Mumps notifications 2008 and 2009



## Vaccine uptake rate at 24 months 1999-2012

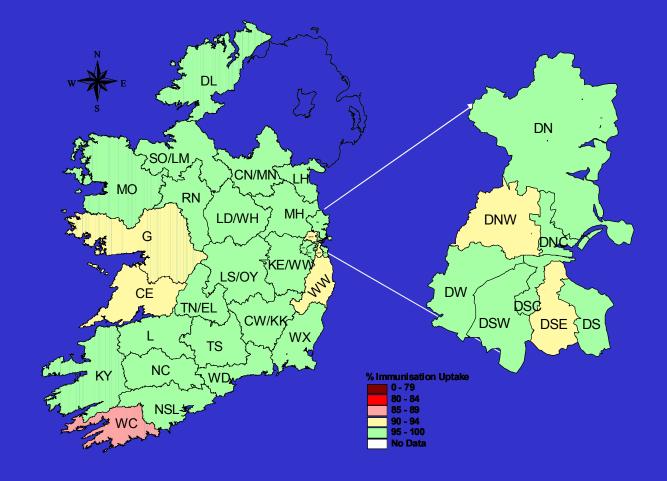


**Source: HPSC** 





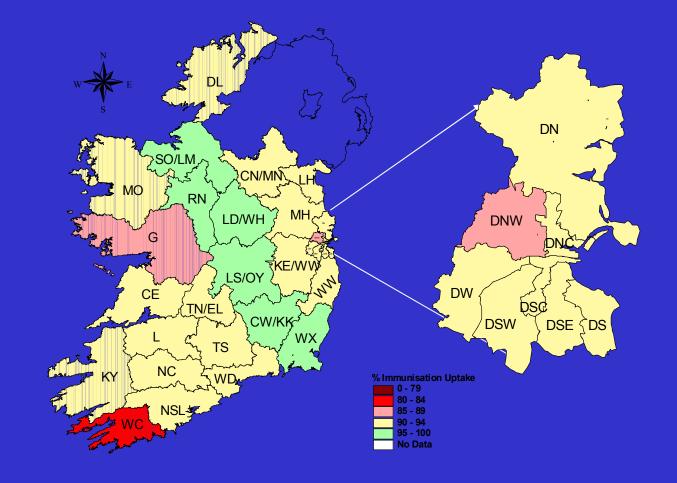
#### Quarter 1 2012 D3 immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)







#### Quarter 1 2012 MMR immunisation uptake rates (%) by LHO, in those 24 months of age in Ireland and Dublin (source HPSC)

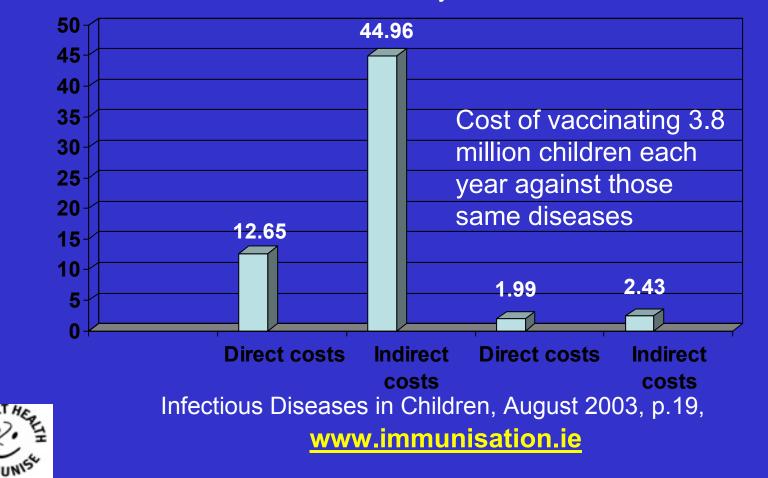






## Economic benefits of immunisation

Cost of treating more than 10 million cases of various diseases annually



Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

## Why Immunise?

- Immunisation is one of the most cost effective and safest of all health interventions
- Immunisation has saved more lives than any other public health intervention apart form the provision of clean water



