Deviations from Schedule

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Castelbar, Nov. 8, 2013

Protect - Prevent - Immunise

Welcome to the Health Service Executive Immunisation Website

This site provides information on immunisation for the General Public and Healthcare Professionals

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WWW immunisation

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Childhood Immunisation
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Vaccine Ordering and Storage
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Adult Immunisation

Healthcare Professionals

Immunisation
Schedule

Click on the link to view information about
Vaccination records

Click on the link to view
Immunisation Guidelines for Ireland

Hot Topic

All at risk urged to get the flu vaccine

High uptake of HPV vaccine

Increase in cases of Whooping Cough (pertussis)

IMMUNISATION SCHEDULE FOR LATE ENTRANTS

In the absence of reliable information /documentation to the contrary, children should be assumed to be un-immunised and started on a catch-up programme.

Accelerated Primary Immunisation

Accelerated primary immunisation is recommended for children who were not immunised in the first year of life. The schedules below reflect the childhood vaccines currently recommended in Ireland

Children aged 4 months to <12 months of age

1 dose of BCG
3 doses of 6 in 1 (DTaP/IPV/Hib/Hep B) at 2 month intervals
2 doses of Men C at 2 month intervals
2 doses of PCV at 2 month intervals
Continue with routine childhood immunisations from 12 months of age.

Children aged 12 months to <4 yrs of age

1 dose of BCG
3 doses of 6 in 1 (DTaP/IPV/Hib/Hep B) at 2 month intervals
1 dose of Men C
1 dose of PCV (omit if >2 years of age)
1 dose of MMR
Continue with routine school immunisations from 4 years of age

- Booster DTaP/IPV at least 3 years after the primary course
- Second MMR at least one month after the first dose (see below)

Children aged 4 – <10 years of age

1 dose of BCG

3 doses of 6 in 1 (DTaP/IPV/Hib/HepB) at 2 month intervals

2 doses of MMR separated by at least one month.

1 dose of Men C

Continue with routine school immunisations from 10 years of age

- Booster of DTaP/IPV at least 3 years after the primary course

Children aged 10 years and older and adults:

1 dose of BCG (up to 15 years of age if in low risk group or 35 years of age if in specified high risk group, see chapter 16)

3 doses of Tdap/ IPV at 1 month intervals

2 doses of MMR separated by at least one month

1 dose of Men C (up to 23 years of age).

Booster doses of Tdap/IPV 5 years after the primary course and Tdap 10 years later.

HPV as per Immunisation Guidelines, 2008, updated 2010

IMMUNISATION SCHEDULE FOR LATE ENTRANTS AUGUST 2010 UPDATE				
	4 months to <12 months	**12 months to < 4 years**	**4 – <10 years**	**10 years and over**
BCG	1 dose	1 dose	1 dose	1 dose (up to15 years of age if in low risk group or 35 years of age if in specified high risk group)
6 in 1 (DTaP/IPV/Hib[1]/Hep B)	3 doses at 2 month intervals	3 doses at 2 month intervals	3 doses at 2 month intervals	
Men C	2 doses at 2 month intervals	1 dose	1 dose	1 dose (up to 23 years of age)
PCV[2]	2 doses at 2 month intervals	1 dose (omit if >2 years of age)		
MMR[3]		1 dose	2 doses at 1 month intervals	2 doses at 1 month intervals
Tdap/IPV				3 doses at 1 month intervals
NOTE	*Continue with routine childhood immunisation schedule from 12 months.*	*Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course, MMR at least 1 month after previous dose]*	*Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course]*	*Boosters of Tdap/IPV 5 years after primary course and Tdap 10 years later*

[1] One dose of single Hib vaccine may be given to children over 12 months of age and up to 10 years of age if this is the only vaccine they require

[2] PCV vaccine should be given to at risk children aged 24-59 months. For schedule for children at risk see detailed recommendations in Immunisation Guidelines

[3] The second dose of MMR is recommended routinely at 4-5 years but may be administered earlier. Children vaccinated before their first birthday in the case of an outbreak should have a repeat MMR vaccination at 12 months of age, at least one month after the first vaccine with a further dose at 4-5 years of age. If a child aged <18 months receives a second MMR vaccine within 3 months of the first MMR a third MMR should be given at 4-5yrs of age.

General Issues

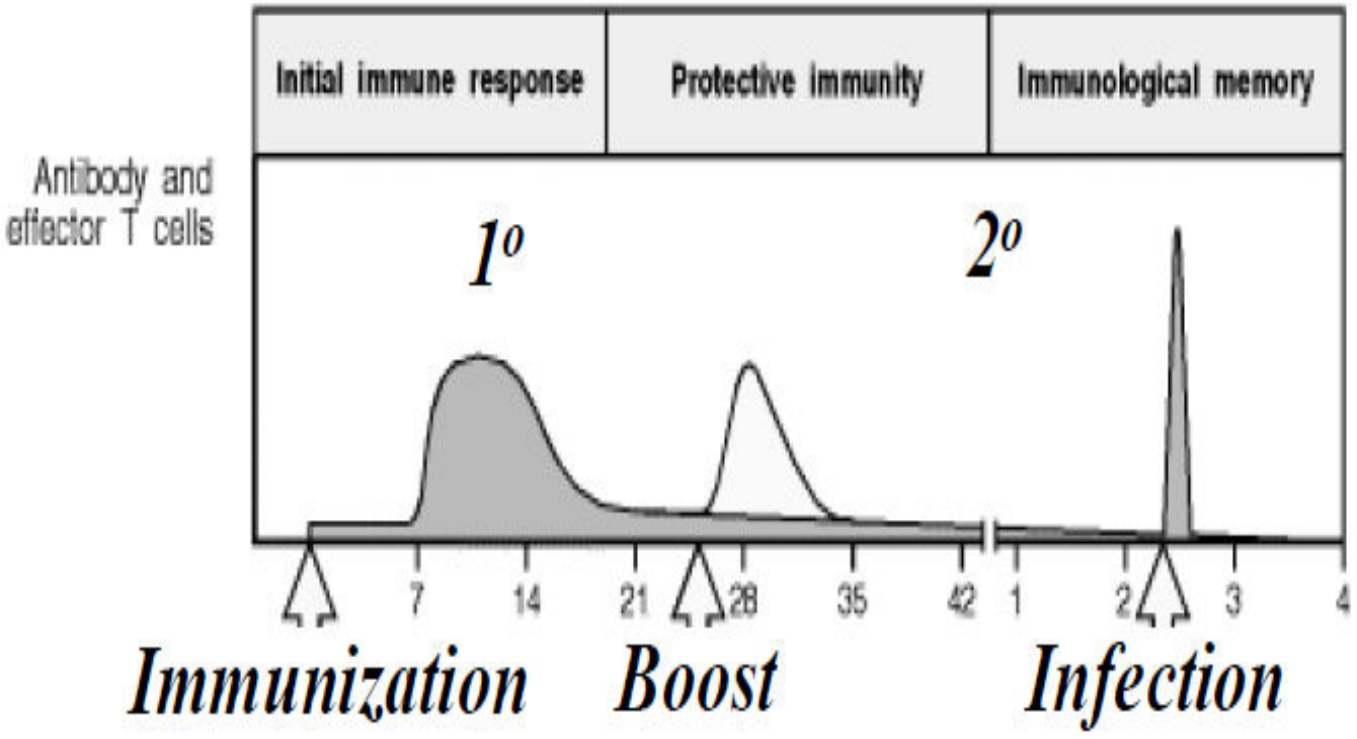
- Accelerated Primary Schedule recommended for children not immunised in 1st year of life.
- 6in1, MenC & MMR can be given at the same visit – minimum 2.5cms apart
- Always give completed hand held record
- If serious local ADR, assess before additional doses of that vaccine are given
- Adverse reactions should be notified to IMB

Gaps between each dose of vaccine

- To allow each immune response to develop – e.g primary immunisation (1 month)
  - This allows the next response to be a true secondary response – faster, bigger and with higher affinity IgG

- To avoid immune interference
  - If another live vaccine is given while the immune system is making a primary immune response, activation of innate immune system may neutralise the second live vaccine. Hence, wait 4 weeks to allow the immune system to recover.

Immune Response




Firefox
EUVAC-Net
ecdc.europa.eu/EN/ACTIVITIES/SURVEILLANCE/EUVAC/Pages/index.aspx
Google
This website is part of the ECDC (European Centre for Disease Prevention and Control) network
See entire ECDC network
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ecdc
European Centre for Disease Prevention and Control
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Publications
Media Centre
You are here: Portal Home > English > Activities > Surveillance > EUVACnet
EUVACnet
News
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Case definitions
About the network
National plans
EUVAC-Net
EUVAC.NET was a European surveillance network for selected vaccine-preventable diseases hosted at the Staten Serum Institute (SSI), Denmark. It incorporated all EU Member States together with Iceland, Norway, Switzerland and Turkey. The network was created in 1999 in line with the European Parliament and Council Decision No. 2119/98/EC which formed the basis of creating networks for the epidemiological surveillance and control of communicable diseases in the European Community.
In September 2011, the responsibilities of the EUVAC.NET were transferred to ECDC.
LATEST SURVEILLANCE REPORTS
EPIDEMIOLOGICAL UPDATE
Measles and Rubella monitoring, June
Long-term Effectiveness of Varicella

European Centre for
Disease Prevention and Control

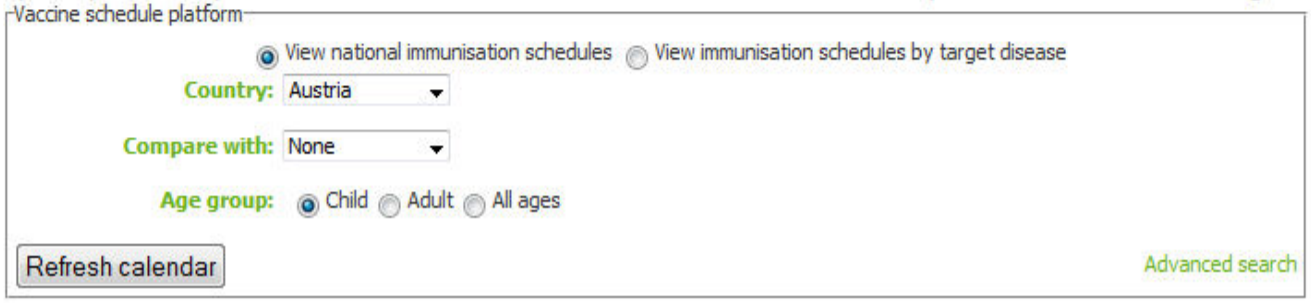
Vaccine Schedule

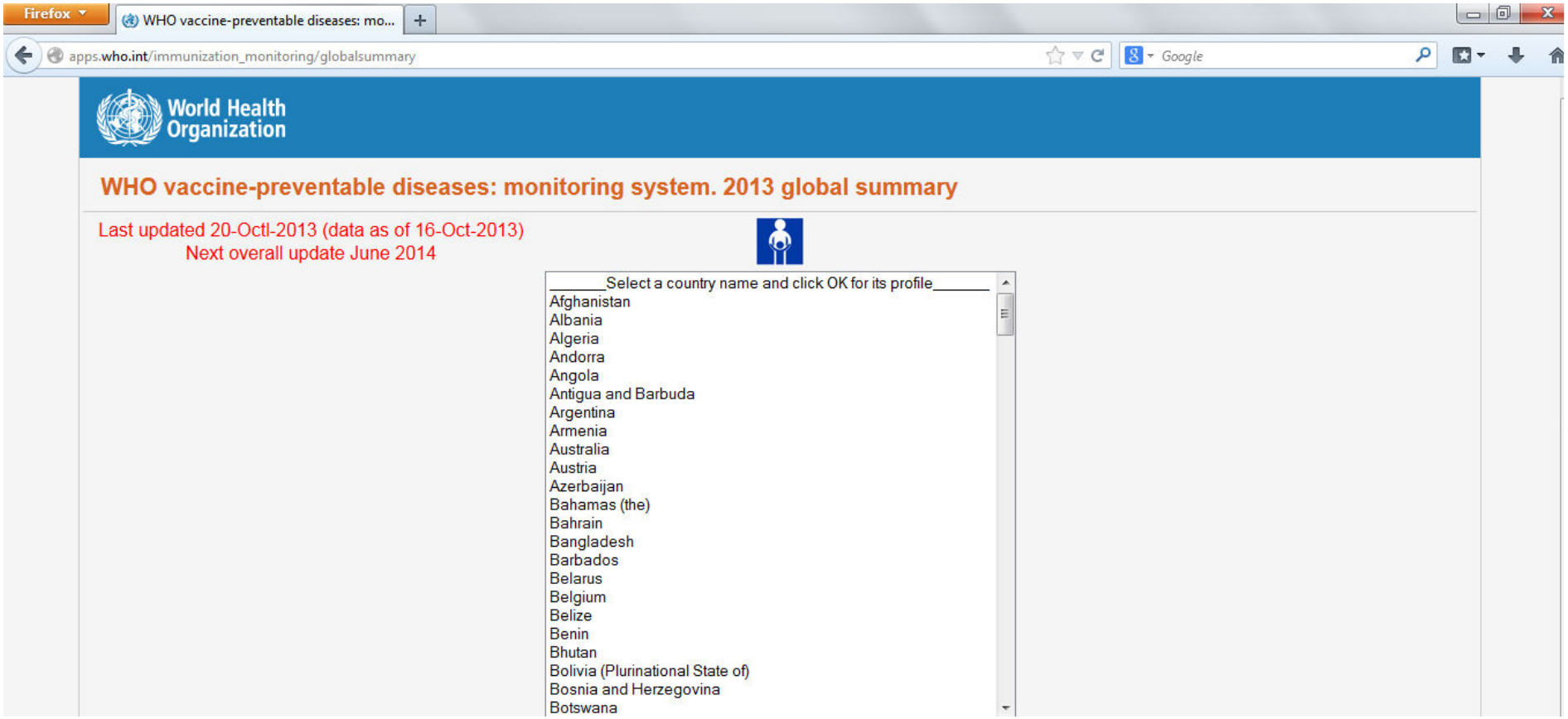
ECDC collects information on vaccination schedules in the EU/EEA countries with the help of ECDC national focal points. This tool allows for comparison of shedules between two countries and diseases for all or a selection of countries.

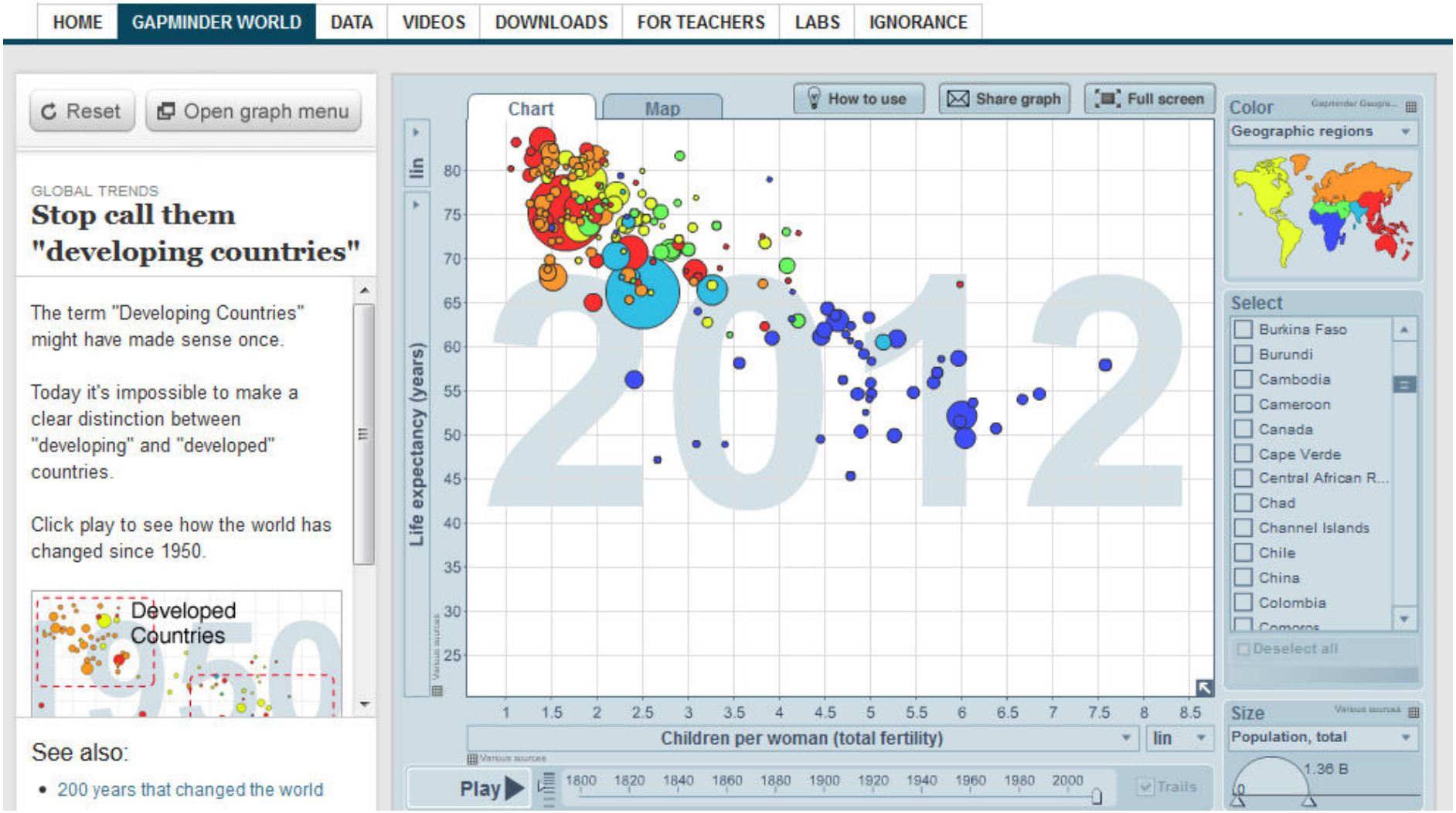
Due to possible delays in updating the platform it is suggested that the official source of the national immunisation schedules from the national competent bodies be consulted.

National vaccination schedules are subject to change. Please feel free to inform us of such changes to the Vaccine Preventable Disease Programme at: vpd@ecdc.europa.eu. All general enquiries can be sent to info@ecdc.europa.eu.

This tool was developed by the European Centre Disease Prevention and Control with the Groupe d'Etudes en Preventologie.




Firefox
WHO vaccine-preventable diseases: mo...
apps.who.int/immunization_monitoring/globalsummary
Google
World Health Organization
WHO vaccine-preventable diseases: monitoring system. 2013 global summary
Last updated 20-Octl-2013 (data as of 16-Oct-2013)
Next overall update June 2014
_____Select a country name and click OK for its profile_____
Afghanistan
Albania
Algeria
Andorra
Angola
Antigua and Barbuda
Argentina
Armenia
Australia
Austria
Azerbaijan
Bahamas (the)
Bahrain
Bangladesh
Barbados
Belarus
Belgium
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana


HOME
GAPMINDER WORLD
DATA
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Open graph menu
GLOBAL TRENDS
Stop call them "developing countries"
The term "Developing Countries" might have made sense once.
Today it's impossible to make a clear distinction between "developing" and "developed" countries.
Click play to see how the world has changed since 1950.
Developed Countries
1950
See also:
200 years that changed the world
Chart
Map
How to use
Share graph
Full screen
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Life expectancy (years)
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Distribution of the estimated deaths among children under 5 years of age, from diseases that are preventable by vaccination in 2008:

- Hib: 199 000
- Pertussis: 195 000
- Measles: 118 000
- Neonatal tetanus: 59 000
- Tetanus (non-neonatal): 2 000
- Pneumococcal disease: 476 000
- Rotavirus: 453 000

Total and vaccine preventable diseases cause specific deaths, children under age 5, by WHO region, 2008

	All cause	Pneumococcal diseases	Rotavirus diarrhea	Hib	Pertussis	Measles	Tetanus
AFR	4,202,000	247,000	217,000	94,000	84,000	25,000	27,000
AMR	284,000	13,000	8,000	1,000	2,000	-	1,000
EMR	1,237,000	68,000	90,000	32,000	19,000	7,000	14,000
EUR	148,000	7,000	3,000	3,000	-	-	-
SEAR	2,390,000	107,000	127,000	52,000	90,000	84,000	17,000
WPR	534,000	33,000	8,000	17,000	1,000	2,000	4,000
Total	8,795,000	476,000	453,000	199,000	195,000	118,000	63,000

Suggested rules for Catch-up

- **Plan catch-up on basis of available, documented evidence of previous vaccination.**
- **Observe minimal intervals or age**
- **With catch-up schedule the interval between doses may be reduced .**
- **The number of doses may reduce with age (e.g PCV).**
- **Recommended vaccines change or may be omitted.**
- **Never restart schedule, regardless of known interval (except Cholera).**
- **May give all vaccines at one visit.**
- **Schedule next visit for a time after the appropriate minimal interval.**
- **Check rules on interchangeability of vaccines.**
- **Use optimal intervals when child is back on course**

- Records may not be accurate – accept with caution

- Inefficacy of vaccines may be due to :-

  -Improper storage or handling

  -Immune defects e.g.severe malnutrition

Summary

- No need to restart incomplete course
- Access information about schedules in other countries via websites
- Vaccinate late entrants according to new schedule