

National Immunisation News

The newsletter of the HSE National Immunisation Office

January 2016

Best wishes for 2016

Thank you for all your support in promoting and providing immunisation and for all your feedback, comments and queries in 2015. We look forward to working with you all in 2016.

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

www.immunisation.ie

Online ordering system wins award!

The Online Vaccine Ordering System won the Best Use of IT and received a commendation in the Best Public Health Initiative categories at the recent Irish Healthcare Awards. This has been a great success with over 90% of GP sites and 95% of HSE sites now ordering vaccines online.



The NIO team Dr Brenda Corcoran, Dr Sean Higgins, CEO MDT, Cliona Kiersey and Lesley Smith.

Science and Technology in Action

Science and Technology in Action (STA) supports the teaching of science and related subjects in second level schools. The NIO has partnered with STA to produce a vaccine related lesson every year since 2007 on topics including meningococcal disease, HPV, influenza, MMR and mumps.



The photo is of the launch of the 11th edition Dr Tom Barrett, HSE National Immunisation Office, Damien English Minister for Skills, Research and Innovation and Anna Gethings CEO, STA

The Flu Vaccination Campaign

The flu vaccination campaign continues. All those in the at risk groups who have not had the vaccine should be encouraged to have the flu vaccine.

This particularly includes pregnant women and those who are newly diagnosed in the at risk groups. People in the at risk groups and Healthcare workers should be vaccinated in September/October but can be vaccinated up until the end of April 2016.

Further information about the influenza vaccination campaign including a frequently asked questions section and a full list of the at risk groups is available www.immunisation.ie

Additional details can be found in the Influenza chapter of the Immunisation Guidelines for Ireland which is available at

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf>

To order additional information materials please visit www.healthpromotion



Safety of HPV Vaccines

In November 2015 the European Medicines Agency (EMA) review of HPV vaccines confirmed that evidence does not support they cause CRPS (complex regional pain syndrome) or POTS (postural orthostatic tachycardia syndrome). Reports of CRPS and POTS after HPV vaccination are consistent with what would be expected in this age group.

The review also stated “Results of a large published study have showed no link between HPV vaccine and Chronic Fatigue Syndrome”

The EMA review recognised that more than 80 million girls and women worldwide have now received these vaccines, and in some European countries they have been given to 90% of the age group recommended

for vaccination to prevent cervical cancer and other cancers and conditions caused by HPV.

The EMA did not recommend any changes to the terms of licensing or the product information for these medicines.

In December 2015 the World Health Organization stated it has not found any safety issue that would alter its recommendations for the use of HPV vaccine.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2015/11/news_detail_002429.jsp&mid=WC0b01ac058004d5c1

http://www.who.int/vaccine_safety/committee/topics/hpv/statement_Dec_2015/en/

In Ireland since 2010

- **580,000 doses of Gardasil have been given to girls**
- **Almost 200,000 girls (over 80%) have received the full vaccine course**

Known side effects of Gardasil vaccine

The known side effects are (as described in the Patient Information Leaflet -PIL)

Very commonly (more than 1 in 10 patients): “pain, swelling and redness at injection site. Headache was also seen”.

Commonly (more than 1 in 100 patients): “bruising, itching at injection site, pain in extremity. Fever and nausea have also been reported”.

Rarely (less than 1 in 1000 patients): “hives (urticaria)”.

Very rarely (less than 1 in 10,000 patients): “bronchospasm”. Syncope (vasovagal reaction), or fainting, can occur during any vaccination and is most common amongst adolescents. Allergic reactions that may include difficulty breathing, wheezing (bronchospasm), hives and rash have been reported. Some of these reactions have been severe.

See Patient Information Leaflet (PIL) at

<http://www.medicines.ie/medicine/11535/PIL/GARDASIL/>

The following additional adverse events have been spontaneously reported

During the post-marketing use of Gardasil worldwide because these events are reported voluntarily from

a population of uncertain size, it is NOT possible to reliably estimate their frequency or to establish a causal relationship to vaccine exposure:

Injection-site cellulitis, idiopathic thrombocytopenic purpura, lymphadenopathy, acute disseminated encephalomyelitis, dizziness, Guillain-Barré syndrome, vomiting, arthralgia, myalgia, asthenia, chills, fatigue and malaise.

See Summary of Product Characteristics (SmPC) at <http://www.medicines.ie/medicine/11524/SPC/GARDASIL/>

Change to the Primary Childhood Immunisation Programme

The primary childhood immunisation schedule change for all babies born on or after July 1st 2015 takes effect from January 1st 2016 when these infants reach 6 months of age and only require 2 injections – 6in1 and PCV.

The reason the schedule has changed is that we now know that two doses of MenC vaccine at 4 and 13 months give babies as much protection as three doses.

New preparation of MenC vaccine (Menjugate)

From 2016 Menjugate vaccine will only be available in a prefilled syringe, not requiring reconstitution. It is advised that the prior to administration of the vaccine that:

- The syringe is shaken gently
- The syringe is inspected that there is no particulate matter and discoloration.

BCG

European countries are still experiencing delays with the supply of BCG vaccine. This is a European wide issue.

There is only one licensed supplier of BCG vaccine in the EU who has informed us that BCG vaccine will not be available until further notice

Fridge temperature monitoring

- Using a maximum minimum thermometer, record fridge temperatures (current, maximum and minimum) twice daily, at the start and end of each day during the

working week before any vaccines are administered.

- Reset the maximum/minimum readings
 - after recording each reading (if the thermometer has been correctly reset the maximum, minimum and current temperatures should all show the same (current) temperature)
 - at the end of a clinic
 - if the fridge door has been opened on several occasions
 - if the fridge has been re-stocked or cleaned.
- Use a data logger (a battery powered continuous temperature recording device)
 - to record the temperatures even when there is no power supply so you know the temperatures reached and the duration of any temperature breach
 - download the data at least once every two weeks
 - keep the electronic or printed records indefinitely as a permanent temperature record for the fridge.

Shortage of 4 in 1 vaccine

4 in 1 vaccine is in short supply and is now a restricted vaccine.

If a 4-5 year old child (or an older child who has not had a 4 in 1 booster vaccine) requires tetanus vaccination they can be given:

- Td (diTe) from 5 years of age (4in1 vaccine can be given at any interval after Td)

If Td (diTe) is in short supply they can be given

- Tdap/IPV IPV Boostrix from 4 years of age (the child does then not require a 4 in1 vaccine)

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter21.pdf>



Common Queries

Is it possible for vaccines to overwhelm the immune system?

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.

Do vaccines contain ingredients that can be harmful to children?

No but many parents worry about the contents of vaccines.

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://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients/aluminum#.VdXI7_IVhBc

Thiomersal

Many parents still ask about mercury in vaccines.

Ethylmercury (thiomersal or thimerosal) is confused with methylmercury but both are chemically very different.

Ethylmercury (thiomersal) was used as a preservative in multidose vaccines.

Methylmercury is present in fish and shellfish and has never been used in vaccines. Methylmercury is excreted slowly from the body, and is a documented neurotoxin if ingested in large amounts.

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

See more information at <http://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients/thimerosal#.VngzoLaLSHs>

Do vaccines increase a child's risk for developing autism?

A few parents are still concerned that vaccines particularly the MMR cause autism.

Well-controlled epidemiologic studies provide strong evidence that vaccines do not cause autism.

Several professional organisations dedicated to finding a cure for autism have published position statements regarding autism and vaccines.

Autism Speaks (2015), the world's leading autism science and advocacy organization has stated, "Over the last two decades, extensive research has asked whether there is any link between childhood vaccinations and autism. The results of this research are clear: Vaccines do not cause autism. We urge that all children be fully vaccinated".



Current Vaccines List Updated January 2016

Primary Childhood Vaccines

Vaccine	Product Name	Manufacturer	Pack Size
6 in 1	INFANRIX HEXA	GSK	10
MenC	MENJUGATE	Novartis GSK	1
PCV	PREVENAR 13	Pfizer	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	Sanofi Pasteur MSD	1
Hib	HIBERIX	GSK	1

Adult Vaccines

Vaccine	Product Name	Manufacturer	Pack Size
Influenza	Inactivated Influenza Vaccine (SPLIT VIRION) BP	Sanofi Pasteur MSD	10
Td	DITE BOOSTER	SSI	5
Pneumococcal	PNEUMOVAX 23	Sanofi Pasteur MSD	1

Vaccines Used By HSE

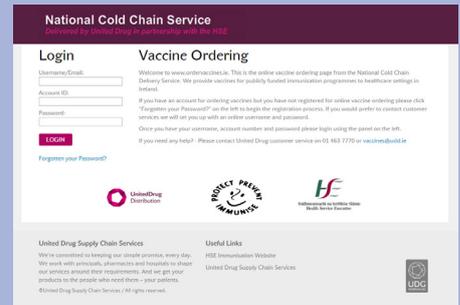
Vaccine	Product Name	Manufacturer	Pack Size
BCG	BCG	SSI	5
Tdap	BOOSTRIX	GSK	1
Tuberculin	TUBERCULIN 2 TU	SSI	10
4 in 1	INFANRIX-IPV	GSK	1
MMR	PRIORIX	GSK	10
MMR	MMR VAX PRO	Sanofi Pasteur MSD	1
HPV	GARDASIL	Sanofi Pasteur MSD	1
MenC	MENJUGATE	Novartis GSK	1

Restricted Vaccines Requiring Authorisation

Vaccine	Product Name	Manufacturer	Pack Size
Hepatitis A	HAVRIX Monodose	GSK	1
	AVAXIM	Sanofi Pasteur MSD	1
	HAVRIX Junior Monodose	GSK	1
Hepatitis B	ENGERIX (adult)	GSK	1
	ENGERIX (paediatric)	GSK	1
	FENDRIX (renal insufficiency)	GSK	1
	HBVAXPRO 5mcg	Sanofi Pasteur MSD	1
	HBVAXPRO 10mcg	Sanofi Pasteur MSD	1
	HBVAXPRO 40mcg	Sanofi Pasteur MSD	1
Hepatitis A+B	TWINRIX (adult)	GSK	1
	TWINRIX (paediatric)	GSK	1
4 in 1	INFANRIX-IPV	GSK	1
Tdap	BOOSTRIX	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur MSD	1
MenACW135Y	MENVEO	Novartis GSK	1
MenB	BEXSERO	Novartis GSK	1

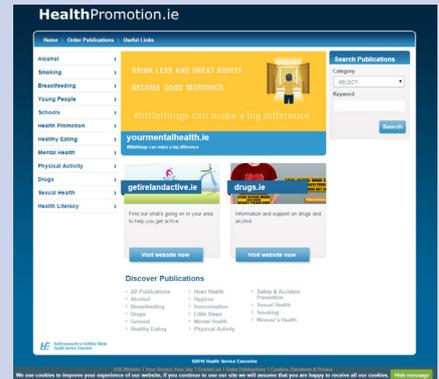
Order your vaccines online

Place your orders for HSE publicly funded vaccines on www.ordervaccines.ie
Don't forget that you will not be able to order online unless your end of year 2015 stock take has been submitted.
Contact customer service if you have any queries.



Order Information Materials

GP practices that offer Primary Childhood vaccines have received information materials for the new primary childhood schedule. If you wish to order more materials you can do so in the immunisation section of www.healthpromotion.ie
If you register an account on the website you will have access to more materials and be able to order larger quantities for your practice.
Visit www.healthpromotion.ie today to order our information materials.

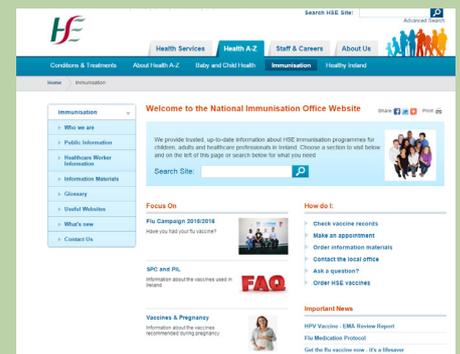


Visit our website

Our website www.immunisation.ie provides information to members of the public and healthcare professionals.

You can download copies of our information materials and access specific health professional guidelines.

We have a contact us tab should you have a question that you feel was not answered on our website.



National Immunisation Office Staff

Staff changes

After 11 years in the NIO Lesley Smith, General Manager left in December 2015 to take up a post as Programme Director in the Children's Hospital Group. Many thanks to Lesley for her valuable contribution and we wish her well in her new role.

Yvonne Morrissey, Information Officer in the NIO has moved to work as Project Support to the National Immunisation and Child Health Information System (NICIS). She has been joined by a Niamh Sneyd as Deputy Project Manager, National Immunisation and Childhealth Information System (NICIS) – congratulations Yvonne and welcome to the NIO Niamh!

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