

National Immunisation News

The newsletter of the HSE National Immunisation Office

January 2017

Changes to the Primary Childhood Immunisation Programme

The National Immunisation Advisory Committee (NIAC) has recommended the following changes to the primary childhood immunisation schedule for babies:

- Introduction of meningococcal B (MenB) vaccine
- Introduction of rotavirus oral vaccine
- Introduction of combination Hib/MenC vaccine
- Changed timing of meningococcal C (MenC) vaccine
- Changed timing of pneumococcal conjugate vaccine (PCV).

Who is the new schedule for?

All children born on or after 1st October 2016 should receive the new schedule.

The new schedule started on 1st December 2016.

Children born before 1st October 2016 should receive the old schedule regardless of when they present for vaccination.

This means that the 2 schedules will be in place for at least 12 months.

A new edition of Guidelines for Vaccinations in General Practice and Frequently Asked Questions for Health Professionals about the new schedule were issued in November 2016

Old schedule Born on or before 30th September 2016			New schedule Born on or after 1st October 2016	
Age (months)	Vaccine	No of injections	Vaccine	No of injections
2	6 in 1 +PCV	2	6 in 1 + PCV+ MenB + Rotavirus	3 + oral vaccine
4	6 in 1 + MenC	2	6 in 1 + MenB + Rotavirus	2 + oral vaccine
6	6 in 1 + PCV	2	6 in 1 + PCV + MenC	3
12	MMR + PCV	2	MMR + MenB	2
13	MenC + Hib	2	Hib/MenC + PCV	2

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6 in 1	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b, Hepatitis B
PCV	Pneumococcal conjugate vaccine
MenB	Meningococcal B vaccine
Rotavirus	Rotavirus oral vaccine
MenC	Meningococcal C vaccine
MMR	Measles, Mumps, Rubella vaccine
Hib/MenC	Haemophilus influenzae type b/ Meningococcal C vaccine



www.immunisation.ie



Paracetamol after MenB vaccination given at 2 and 4 months vaccinations

When MenB vaccine is given with the other childhood vaccines there is a higher risk of fever. NIAC has recommended that babies are given liquid paracetamol at their 2 and 4 months (MenB) vaccinations to reduce the risk of fever. NOTE: Ibuprofen is not recommended.

Liquid infant paracetamol (120mg / 5 ml)		2 month visit	4 month visit
Dose 1	2.5ml	At the time of injection	At the time of injection
Dose 2	2.5ml	4-6 hours after dose 1	4-6 hours after dose 1
Dose 3	2.5ml	4-6 hours after dose 2	4-6 hours after dose 2

Paracetamol is NOT needed routinely at the 12 month MenB vaccination as the risk of fever is the same as after the other childhood vaccines.

Rotavirus Oral Vaccine

The rotavirus vaccine being used as part of the HSE programme is Rotarix (GSK).

The vaccine is an ORAL vaccine.

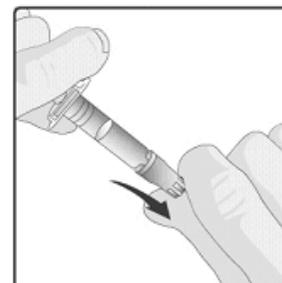
The vaccine should be given at the beginning of the visit, while the baby is still content, and before administering injections. The following steps should be used to give the vaccine.

STEP 1: Remove protective tip cap from the oral applicator (see diagram)

STEP 2: Ensure the baby is sitting in a reclining position.

STEP 3: Insert syringe tip into the baby's mouth, towards the inner cheek

STEP 4: Administer vaccine into the baby's mouth. The syringe containing the vaccine should be aimed down one side and towards the back of the baby's mouth. The syringe should not be inserted so far back that the baby gags. All the syringe contents should be given to the baby.



If a baby is 8 months and 0 days of age or older then they should NOT receive any dose of rotavirus oral vaccine because of the slightly increased risk of intussusception.

HPV vaccination is cancer prevention

Australia, has maintained a high uptake of the HPV vaccine since the school vaccination programme was introduced for school girls in 2007, as a result "the number of new cases of cervical cancer in women has halved"

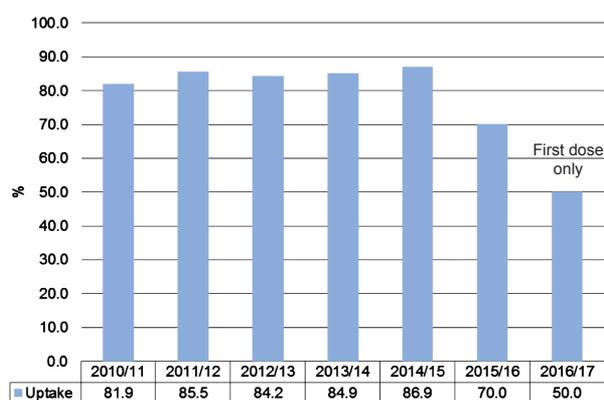
<http://www.sciencealert.com/the-hpv-vaccine-has-halved-cervical-cancer-rates-in-the-past-10-years>

The number of cases of high-grade CIN have reduced

by 75% in Sweden and by more than 50% in Australia, Denmark and Scotland since the introduction of HPV vaccination programmes.

In Ireland, final uptake figures for the 2015/ 2016 HPV vaccination programme are not yet available. However preliminary figures indicate an uptake of 70%, so 5000 less girls received the HPV vaccine for this period compared with 2014/2015. This significant decline in uptake varies across the country with some Western and Southern counties most affected.

Uptake has declined further in 2016/17 with estimated uptake of the first dose at 50%. This decline is related to unsubstantiated concerns about HPV vaccine safety which have no scientific basis.



All national and international scientific and regulatory bodies recommend HPV vaccine including:

- the World Health Organization
- the Centers for Disease Control and Prevention (CDC) in the US
- the European Centre for Disease Control and Prevention (ECDC)
- the International Federation of Obstetricians and Gynaecologists (FIGO)
- the American Society for Clinical Oncology

The NIO is working with all key stakeholders to correct HPV vaccine misinformation and strongly urges parents to protect their daughters by availing of the vaccine. Parents will be offered another opportunity to have their daughters vaccinated when the HSE vaccination teams visit the schools in early 2017.

New elearning modules on HPV vaccine have been launched by the ICGP. Videos, fact sheets and further information is available at www.hpv.ie including key facts about HPV vaccine which address specific issues raised by anti vaccine groups.

The Flu Vaccination Campaign 2016/2017

The 2016/2017 HSE flu vaccination campaign continues.

The flu vaccine for the HSE 2016/2017 flu campaign is inactivated influenza vaccine (Split Virion) BP (Sanofi Pasteur MSD). The dose recommended for **all ages** is 0.5ml given by intramuscular injection into the anterolateral thigh or deltoid muscle. As rates of flu illness increased at the end of 2016, all those in the at risk groups who have not had the vaccine should be encouraged to have the flu vaccine up until the end of April 2017 including:

- o pregnant women
- o those who are newly diagnosed in the at risk groups
- o healthcare workers

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

Additional details can be found in the latest edition of 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.ie

New recommendation for giving Tdap vaccine in pregnancy

Maternal antibodies from women immunised before pregnancy wane quickly and the concentration of pertussis antibodies is unlikely to be high enough to provide passive protection to their infants prior to primary vaccination.

NIAC now recommends that 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.

Tdap can be given at any time in pregnancy after 36 weeks gestation, although it may be less effective in providing passive protection to the infant.

Tdap should be offered in the week after delivery to those women who were not vaccinated during their pregnancy.

Continuing shortage of BCG vaccine

The HSE continues to experience ongoing delays with the supply of BCG vaccine. This is a Europe 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.

To date no appropriate alternative manufacturer of BCG has been found.

The National Immunisation Advisory Committee (NIAC) and the Health Information and Quality Authority (HIQA) have both recommended that BCG vaccine should be given to those in at risk groups and does not now need to be given routinely to all babies in Ireland.

The Department of Health has received the NIAC and HIQA recommendations and will determine the policy for when BCG vaccine is back in stock.

NIAC Guidelines

Some chapters of the Immunisation Guidelines were updated in September 2016, however other chapters (e.g. chapters 3 and 16) were not revised in this edition.

Where there is a discrepancy in the recommendations in different chapters, the recommendations in the most recently updated chapter should be followed.

Common Queries

Q. What should happen if an unconstituted vaccine is given?

A. Some vaccines require reconstitution e.g. Infanrix Hexa, Hiberix, MMRVaxPro, Priorix.

This involves inserting the liquid from the syringe into the accompanying vial and drawing the reconstituted vaccine back into the syringe.

If a vaccine is not reconstituted and just the diluent is given, this is not counted as a valid vaccine. The person should be re-immunised as soon as possible. There is no need to wait 4 weeks to give MMR as no active vaccine was given in this situation.

However if just the diluent in the box of 6in1 vaccine is given (i.e. the Hib component was not added), there is no need to repeat the 6in1 vaccine. A single Hib vaccine – Hiberix (**i.e. not the Hib component of the 6in1 vaccine**) should be given on the day or at any interval after the 6in1.

For constituted vaccines always record the batch number from the box NOT the batch number on the vials.

Q. What should you do if a vaccine is given too early?

A. If a vaccine is given before the minimum recommended interval, it is NOT considered as part of the primary series as there may be a sub-optimal immune response. The dose should be disregarded and

another dose given at the recommended time, at least 1 month after the disregarded dose. However, giving a dose 4 days or less before the minimum recommended interval is unlikely to have a significant adverse effect on the immune response to that dose, and does not need to be repeated.

Q. Are there any vaccines that cannot be given at the same time as the MenB vaccine?

A. MenB vaccine can be given at the same time as all other vaccines. All other vaccines can be given at any interval before or after the MenB vaccine.

Q. If a child born after October 1st 2016 is late getting their MenB vaccine do they need routine paracetamol?

A. Paracetamol should be given to all babies receiving MenB vaccine with other childhood vaccines who are less than 12 months of age.

Q. What if a baby spits out rotavirus vaccine?

If a baby spits out/ regurgitates most of the rotavirus vaccine **during the clinic visit** another dose of vaccine should be given.

Annual vaccine stocktake

The Comptroller & Auditor General requires all sites who receive vaccines from the HSE National Cold Chain Service (NCCS) to complete a stocktake by December 31st 2016.

No orders can be processed until an online stocktake has been submitted.

Place your orders for HSE publicly funded vaccines on www.ordervaccines.ie

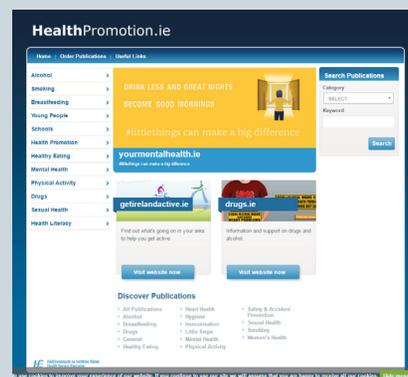
Contact NCCS customer service if you have any queries.



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 on www.healthpromotion.ie.

You will find our materials in the immunisation section. 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.



SEASON'S GREETINGS FOR 2017

Thank you for all your hard work in promoting and providing immunisation and for all your comments, queries and feedback throughout 2016. We wish you a happy and peaceful New Year and look forward to working with you all in 2017.

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

Kerry Ryder has joined the NIO as General Manager and Project Manager, National Immunisation and Child Health Information System (NICIS) – welcome to the NIO Kerry!

Dr Brenda Corcoran, Consultant in Public Health Medicine

Dr Tom Barrett, Senior Medical Officer

Dr Anna Clarke, Consultant in Public Health Medicine

Ms Mary Dowling, Business Manager

Ms Cliona Kiersey, Chief Pharmacist

Ms Yvonne Morrissey, NICIS Project Support

Ms Vicky McKenna, NICIS Project Support

Ms Kerry Ryder, General Manager and Project Manager, NICIS

Ms Niamh Sneyd, Deputy Project Manager, NICIS

If you have a query or would like to get the newsletter emailed directly to you, please contact us at immunisation@hse.ie

To get National Immunisation News emailed directly to you, send an email to immunisation@hse.ie with "Add to mailing list" in the subject line
www.immunisation.ie

Current Vaccines List

Updated January 2017

Primary Childhood Vaccines			
Vaccine	Product Name	Manufacturer	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
Rota	ROTARIX	GSK	10
MMR	MMR Vax Pro	Sanofi Pasteur MSD	1
Hib	HIBERIX	GSK	1
Adult Vaccines			
Vaccine	Product Name	Manufacturer	Pack Size
Td	DITE BOOSTER	SSI	5
Pneumococcal	PNEUMOVAX 23	Sanofi Pasteur MSD	1
FLU	INACTIVATED INFLUENZA	Sanofi Pasteur MSD	10
Vaccines Used By HSE			
Vaccine	Product Name	Manufacturer	Pack Size
Tdap	BOOSTRIX	GSK	1
Tuberculin	TUBERCULIN 2 TU	SSI	10
4 in 1	INFANRIX-IPV	GSK	1
4 in1	IPV-Boostrix	GSK	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	Sanofi Pasteur MSD	1
HPV	GARDASIL	Sanofi Pasteur MSD	1
Restricted Vaccines Requiring Authorisation			
Vaccine	Product Name	Product Name	Pack Size
Hepatitis A	HAVRIX Monodose	GSK	1
Hepatitis A	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	GSK	1