

National Immunisation News

The Newsletter of the HSE National Immunisation Office

Vaccine uptake

National immunisation uptake rates at 24 months for Quarter 1 2018 show rates of 6in1 continue to reach the 95% target.

BUT

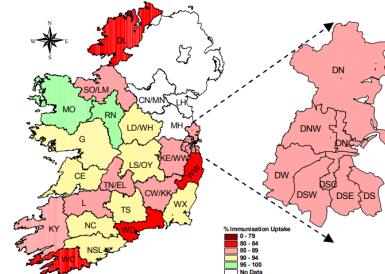
At 12 months

Rotavirus vaccine (recommended at 2 and 4 months and cannot be given at 8 months or older).

Although the number of cases of rotavirus infection have fallen the national uptake for the 2nd dose is only 89% and only two areas reached the 95% target.

Rotavirus₂ vaccine uptake at 12 months Quarter 1 2018

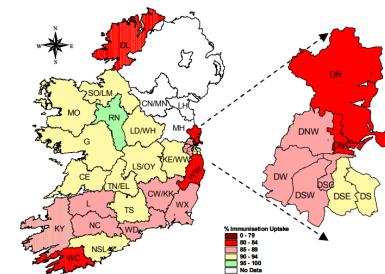
Source: HPSC



MenC (recommended at 6 and 13 months)

National uptake declined to 89% (94% in Q3 2017) and only one area reached the 95% target.

MenC₁ Vaccine Uptake at 12 Months Quarter 1 2018 Source: HPSC



At 24 months

Uptake of vaccines given at 12 and 13 months are still below 95% with MMR at 92%, PCV₃ at 91%, Hib_b at 90% and MenC_b at 89%.

In 2017 there were 30 cases of serogroup Men C invasive meningococcal disease in Ireland. More information is available at <http://bit.ly/IDReportHPSC>

It is very important that all vaccines are given on time and all 5 visits are completed to ensure children are protected from these serious infectious diseases.

Check out your local area uptakes at <http://bit.ly/HPSCUptake>



immunisation@hse.ie

www.immunisation.ie

Changes to the Immunisation Guidelines for Ireland

NIAC has revised the following Chapters to the Immunisation Guidelines:

<http://bit.ly/NIACGuidelines>

Chapter 3	Immunisation of Immunocompromised Persons
Chapter 7	Haemophilus influenza type b (Hib)
Chapter 13	Meningococcal Infection
Chapter 16	Pneumococcal Infection



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

Some of the key changes include

Chapter 3 Immunisation of Immunocompromised Persons

- Those on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab) should not receive any vaccines.
- Live vaccines can be given to those receiving topical calcineurin inhibitors (TCIs), e.g. tacrolimus and pimecrolimus.
- Rotavirus vaccine should be deferred until 4 and 6 months of age if immunosuppression is anticipated to be moderate or severe.

This may occur in mothers

- with severe rheumatoid arthritis or inflammatory bowel disease receiving biological disease modifying anti-rheumatic drugs (bDMARDs)
- who have received a renal transplant
- If in doubt, consult the supervising specialist.

See page 3 Table for the recommended vaccines for immunocompromised adults

Chapter 13 Meningococcal Infection

- MenB
Schedule for those aged 2 and older (i.e. at risk and catch up)
2 doses one month apart
- MenACWY
Those medically at risk require boosters every 5 years after primary course

Chapter 16 Pneumococcal Infection

- Clinical risk groups that require pneumococcal vaccination now includes:
cancer patients under hospital supervision

All of these vaccines are provided free of charge by the HSE National Cold Chain Service to GPs and hospitals for these patients.

The only vaccines for which there is funding for GP administration are seasonal influenza and PPV23 via the PCRS browser – note this is for medical and doctor only card holders only.

There is no agreed funding for the administration of the other recommended vaccines for those with long term medical conditions e.g. immunocompromised due to disease or treatment



		Recommended vaccines for immunocompromised adults					
	Hib	MenB	MenACWY	PCV	PPV23	Influenza	
Asplenia, hyposplenism, haemoglobinopathies, coeliac disease, splenectomy	1 dose (if unvaccinated 2 doses 2 months apart)	2 doses 1 month apart	2 doses 2 months apart booster every 5 years	2 doses 2 months apart	2 doses 5 years apart further dose at \geq 65 years	Annually	
Cancer patients	If indicated 2 doses 1 month apart	If indicated 2 doses 2 months apart booster every 5 years		1 dose	1 dose (2 months after PCV) further dose at \geq 65 years	Annually 12	
HIV infection 3 4	2 doses 1 month apart	2 doses 2 months apart booster every 5 years	1 dose	1 dose (2 months after PCV) further dose at \geq 65 years	Annually		
Immunomodulatory treatment	2 doses 1 month apart 5	2 doses 2 months apart booster every 5 years 5	1 dose	1 dose (2 months after PCV) further dose at \geq 65 years	Annually		
Haematopoietic Stem Cell Transplant 3	3 doses 2 months apart	2 doses 1 month apart	3 doses 2 months apart booster every 5 years	3 doses 2 months apart	1 dose 6 (2 months after PCV) further dose at \geq 65 years	Annually	
Solid organ transplant 3	1 dose 7 (if unvaccinated 2 doses 2 months apart)	If indicated 2 doses 1 month apart	2 doses 2 months apart booster every 5 years	2 doses 2 months apart	1 dose (2 months after PCV) further dose at \geq 65 years	Annually	

1 contraindicated in those on combined checkpoint inhibitors

2 if given during chemotherapy, give 2nd dose if chemotherapy is finished during the season and if the lymphocyte count is $\geq 1.0 \times 10^9/L$ (at least 4 weeks after 1st dose)

3 give Hepatitis A, high dose Hepatitis B and 3 dose HPV vaccine (see Chapter 3)

4 if seronegative, give MMR vaccine if CD4 count $>200 \times 10^6/L$

5 if on eculizumab, Soliris™

6 replace with 4th PCV if GVHD

7 consider for pre lung transplant

Source: <http://bit.ly/NIACCh3>

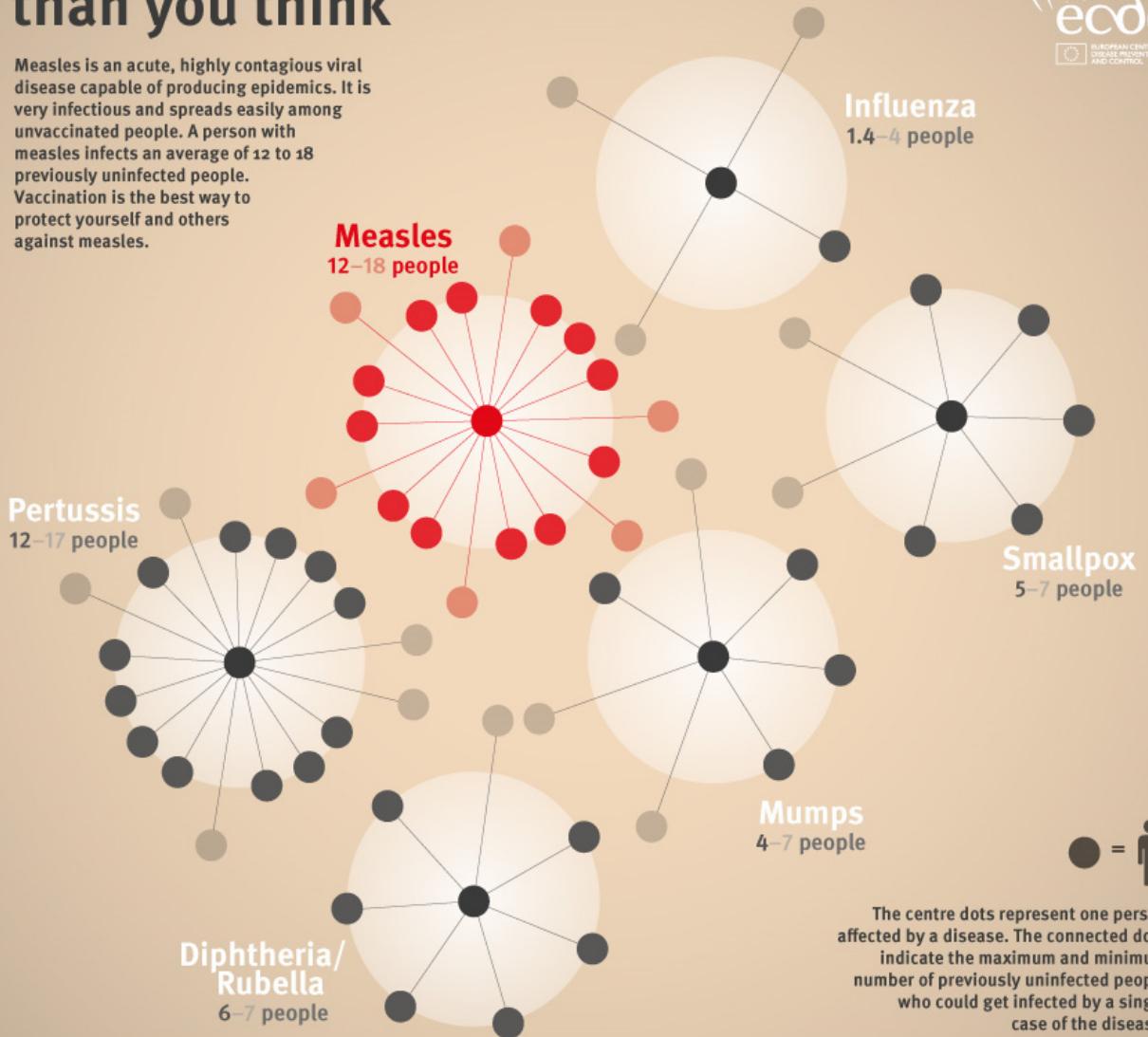
Measles outbreaks

Measles is one of the most infectious vaccine preventable diseases.

Vaccination with 2 doses of MMR vaccine is the only way to protect against measles.

Measles is more contagious than you think

Measles is an acute, highly contagious viral disease capable of producing epidemics. It is very infectious and spreads easily among unvaccinated people. A person with measles infects an average of 12 to 18 previously uninfected people. Vaccination is the best way to protect yourself and others against measles.



The centre dots represent one person affected by a disease. The connected dots indicate the maximum and minimum number of previously uninfected people who could get infected by a single case of the disease.

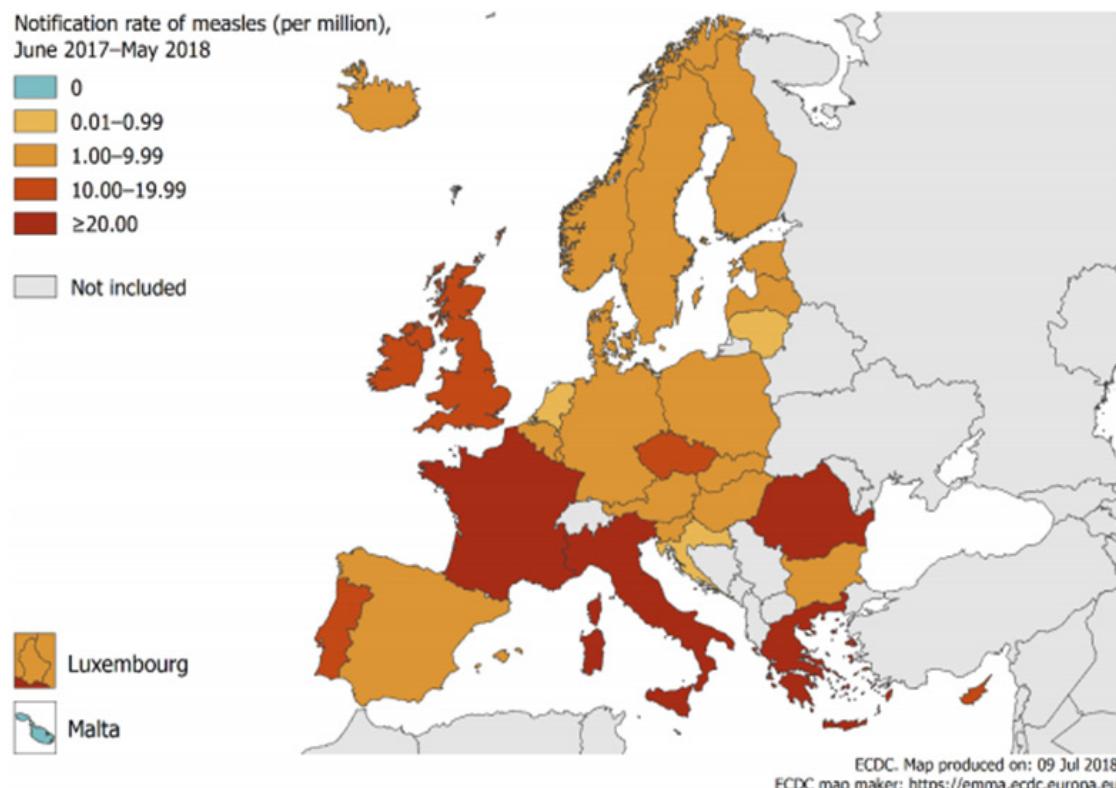
Source: Plotkin S, Orenstein W, Offit P. *Vaccines*. Fifth Edition, 2008, Elsevier Inc.

Europe

Measles cases continue to increase in Europe.

Between 1 June 2017 and 31 May 2018, 29 EU/EEA Member States reported 12,921 cases of measles. Only Malta reported no cases during this period.

Most cases were reported by Italy (3,697), Greece (3,039), France (2,585) and Romania (1,198). The majority of confirmed cases were over 15 years of age, unvaccinated or incompletely vaccinated.

Measles notification rate per million population by country, EU/EEA, 1 June 2017–31 May 2018**Source:** ECDC**Ireland**

Cases of measles continue to occur in Ireland. Three measles outbreaks have been reported in Ireland since the beginning of 2018. Two of the three were related to measles importation from another country. For one outbreak no international source has been identified to date. One outbreak was in the Limerick area, the other 2 outbreaks were in Dublin. In July, two cases of measles were reported in an adult and a child in Dublin who had recently been in mainland Europe.

In April, HPSC published a report about the outbreaks showing the majority of confirmed cases were over 15 years of age, unvaccinated or incompletely vaccinated. By early July, 60 cases of measles have been reported in Ireland.

The likelihood of importation of measles into Ireland and possible spread in 2018 is considered high (WHO).

To read the full report visit see <http://bit.ly/HPSCMeas>

Recommendations

There are no changes to the routine recommendations from the National Immunisation Advisory Committee (NIAC): MMR vaccine is recommended at 12 months and at 4-5 years of age.

MMR vaccine is recommended for children aged 6-11 months of age, travelling to countries where measles outbreaks are reported. However this is considered a travel vaccine and does not form part of the childhood schedule.

Infants vaccinated before their first birthday should have a repeat vaccination at 12 months of age, at least 1 month after the first vaccine, with a further dose at 4-5 years of age.

More information is available at:

<http://bit.ly/MeaslesIRL>
<http://bit.ly/ECDCMeasles>
<http://bit.ly/NIACChapter12>
<http://bit.ly/HPSCMeasles>

HPV vaccine update

This programme offered the HPV vaccine to all girls in 1st year in 2017/18 and also provided a catch up programme for girls still in second level school who had missed out on the HPV vaccine.

The 2018 HSE information campaign featured twenty five year old Laura Brennan from Co Clare.

Laura talks about her experience of cervical cancer - which for Laura is now a life limiting condition.

Laura hopes her story will encourage parents to be informed and get their daughters vaccinated.

Laura's support has made a difference - school immunisation teams reported a further increase in the uptake of the HPV vaccine in 2018. See information at <http://bit.ly/HPVLaura>



Don't be swayed by rumours

Get the facts from the HSE at hpv.ie



HPV Vaccine Studies

In February a study from Australia, reporting the longest surveillance follow-up to date of HPV vaccination, showed the HPV infection rate among vaccinated women aged 18 to 24 dropped from 22.7% to 1.1% between 2005 and 2015. A substantial fall also occurred in women aged 25–35, despite lower vaccine coverage.

See information at <http://bit.ly/OXAcHPV>

In May, the Cochrane Library published evidence that shows human papilloma virus (HPV) vaccines protect against cervical lesions in young women. The evidence also shows the risk of serious adverse events is similar between control and HPV vaccines in women of all ages

See Information at: <http://bit.ly/CoLiHPV>

Health Technology Assessment of HPV vaccine for boys

The Health Information and Quality Authority (HIQA) health technology assessment to assess the benefits of extending the national HPV immunisation programme to include boys is awaited. Public consultation of the draft report is currently underway. <http://bit.ly/HiQAHtA>

HIQA's final report is expected to be completed in autumn 2018 when it will be submitted to the Minister for Health.

Lancet article

In May 2018 the Lancet published an article "Rapid response to HPV vaccination crisis in Ireland" written by 3 members from the NIO.

THE LANCET

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Correspondence

Rapid response to HPV vaccination crisis in Ireland

Brenda Corcoran , Anna Clarke, Tom Barrett

Published: 26 May 2018

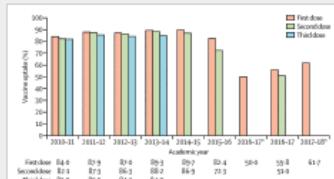
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DOI: [https://doi.org/10.1016/S0140-6736\(18\)30854-7](https://doi.org/10.1016/S0140-6736(18)30854-7)

Article Info

Summary Full Text Tables and Figures References

The human papillomavirus (HPV) vaccination school-based programme for girls aged 12–13 years began in Ireland in 2010. Initially, the proportion of students who completed the vaccination course was above 80%, increasing to a high of 86·9% in 2014–15 (figure). No variance was seen between schools of different religious ethos, although disadvantaged schools had a lower mean uptake than other schools in 2013–14 (79·4% vs 85·0%; difference 5·58%, 95% CI 2·69–8·21).² However, the proportion of girls who completed the vaccination schedule in 2015–16 dropped to 72·3%, and uptake of the first dose decreased further across all areas to an estimated 50% in 2016–17.



Academic year	First dose (%)	Second dose (%)	Third dose (%)
2010-11	82.0	82.0	82.0
2011-12	83.9	83.9	83.9
2012-13	83.4	83.4	83.4
2013-14	80.3	80.3	84.9
2014-15	86.9	86.9	86.9
2015-16	72.3	72.3	50.0
2016-17	59.8	59.8	61.7
2017-18	61.7	61.7	61.7

Figure
HPV vaccine uptake by academic year in Ireland, from 2010–11 to 2017–18

This describes how the decline in the HPV vaccine has been reversed with multi sectoral support.
<http://bit.ly/NIOLancet>

Ireland is the first country to show such a quick response. Many thanks to you all for your help in promoting the vaccine.

Please continue sharing HPV vaccine facts as we know healthcare workers are the most trusted source for information about vaccines.

Visit www.hpv.ie for the latest information.

Information on HPV vaccine safety and effectiveness is available at <http://bit.ly/HPVSafety>





Common Queries

Question

If a child had a delayed 6 in 1 and PCV and/or MenC vaccine at 12 months or later do they need further doses?

Answer

No, if a child has had a dose of PCV, MenC or a Hib containing vaccine (6 in 1) at 12 months or older they do not need to have any further doses.

This is irrespective of the vaccines the child received before the age of one year.

See <http://bit.ly/NIACCh2>

Question

Do all women who have negative rubella serology during pregnancy require MMR vaccine?

Answer

No. The National Immunisation Guidelines state that for:

'Satisfactory evidence of protection against rubella includes documentation of having received at least one dose of a rubella-containing vaccine or a positive antibody test for rubella.'

Laboratory investigation to determine vaccine response is not routinely recommended'

Over 95% of recipients are likely to develop lifelong immunity to rubella after a single dose of a rubella containing vaccine.

See information at <http://bit.ly/NIACChapter20>

Question

What is the 4 day rule?

Answer

Giving a vaccine dose 4 days or less before the minimum age or interval is unlikely to have a significant adverse effect on the immune response to that dose, and does not need to be repeated.

Question

If a vaccine is given before the minimum recommended age or interval vaccination it is invalid. When should the vaccination be repeated?

Answer

The vaccine should be repeated at least 1 month after the disregarded dose

See information at: <http://bit.ly/NIACCh2>

European Immunisation Week

The National Immunisation Office took part in European Immunisation Week (EIW) from 22nd – 29th April.

EIW is a World Health Organization initiative. This year's theme was "Vaccines are a right and a responsibility".

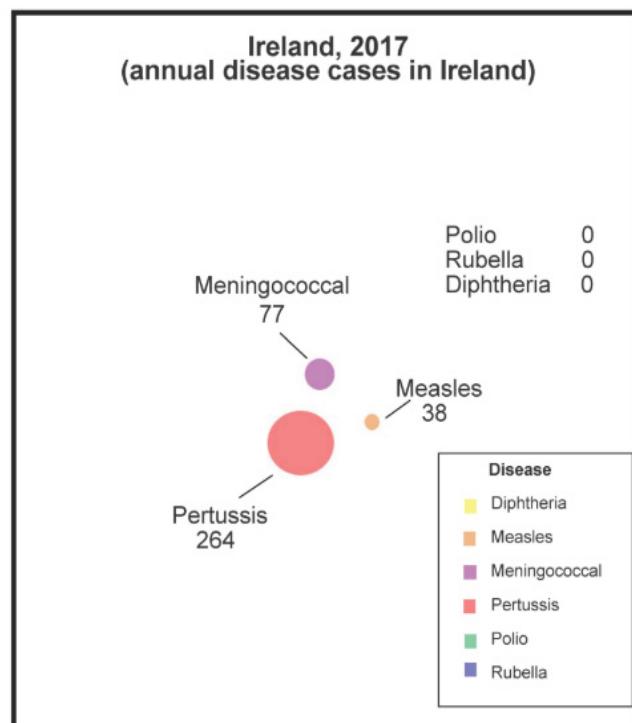
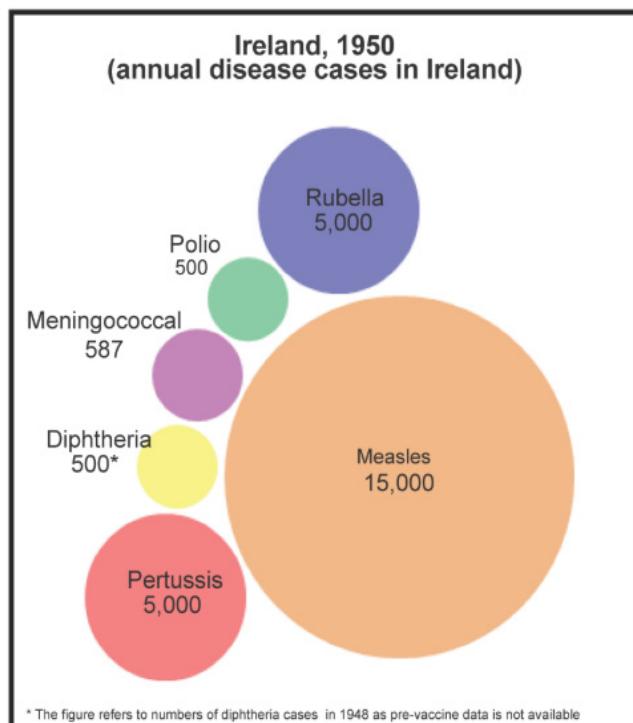
It is really important every person completes the recommended vaccine schedules on time every time. We know the vaccination rates for some vaccines are not at the recommended levels and there have been 3 outbreaks of Measles already in 2018. We also still see lots of cases of Pertussis (Whooping Cough).



Vaccines Work



These bubbles are sized according to the annual number of cases in Ireland during the pre-vaccine era versus 2017. 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.



Reference:
www.hpsc.ie
www.hse.ie/eng/health/immunisation/hcpinfo/guidelines

www.immunisation.ie

@HSEImm

#ImmunizeEurope #VaccinesWork

Developed by the HSE National Immunisation Office

You can view the Vaccines Work graphic on our website <http://bit.ly/VaccsWork>

We also updated the Vaccines Work section of our website with our top 10 facts.

Please visit <http://bit.ly/VaccsWork> to read them.

Vaccine supply update

Nimenrix

The conjugate MenACWY vaccine **Menveo** (GSK) is no longer be available from the National Cold Chain Service.

Nimenrix conjugate MenACWY vaccine (Pfizer) is available in place of Menveo.

Nimenrix

- is indicated for the immunisation from 6 weeks of age and adults
- requires reconstitution (like Menveo)
- is interchangeable with Menveo
- should be used to complete a MenACWY vaccine course commenced with Menveo



Seasonal Flu Vaccine

The 2017/18 flu season has ended all remaining unused flu vaccine stock should be returned to the National Cold Chain Service for destruction.

Administration of flu vaccine to all at risk groups should recommence in September 2018 when the WHO recommended vaccine for the 2018/2019 season will become available.

The inactivated influenza vaccine for the 2018/2019 season will be Influvac (trivalent inactivated influenza vaccine) manufactured by Mylan.

More details will issue shortly.



Vaccine delivery schedule

Please check your online calendar to know the dates of your vaccine deliveries.

There are 3 times during the year when the interval between deliveries extends to 5 weeks, and once when it extends to 3 weeks (during the flu season at the end of October). All these details are on your calendar and online.

Scheduled deliveries are within the contracted price and do not incur additional charges unlike emergency deliveries.

Emergency deliveries are costly and cannot be approved when a site forgot to order or under ordered.

How clean is your fridge?

Please return all flu vaccines now and also use this opportunity to check the expiry on all your vaccine stock.

Believe it or not, 6% of expired vaccines being returned have expired more than 6 months.

In 2017, Infanrix Hexa which had expired in 2012 was returned (more than 5 years expired!). This year, Hiberix which expired in 2013 was returned.

Please remove all expired vaccines to ensure an expired vaccine cannot be administered.

Information Materials

We provide information materials for all of our immunisation campaigns. You can order information materials for your patients and your staff from www.healthpromotion.ie.

We encourage you to register an account for your practice so you can order information materials for your staff and patients.

Please follow the how to guide available from <http://bit.ly/InfoMats>



Website

Please visit our websites regularly to ensure you have the most up to date information about immunisation.

Visit www.immunisation.ie for all of your immunisation information.

For information about HPV please visit www.hpv.ie

These websites are the only websites in Ireland accredited by the World Health Organization (WHO) as credible sources of vaccine information.



Social Media

Are you following us on Twitter? Our handle is <https://twitter.com/HSEImm>

#ProtectOurFuture for HPV related tweets



#VaccinesWork for vaccine related tweets

Search for our hashtags and join the conversation



National Immunisation Office Staff Staff changes

Drs Brenda Corcoran and Anna Clarke, Consultants in Public Health Medicine left the NIO in August after many years in their roles. Many thanks to both of them for their valuable contributions and we wish them well in the future.

Contact details

Dr Tom Barrett, Senior Medical Officer

Mr Peter Darcy, Information Officer

Ms Mary Dowling, Business Manager

Ms Cliona Kiersey, Chief Pharmacist

Ms Vicky McKenna, National Immunisation and Childhealth Information System (NICHIS) Project Support

Ms Yvonne Morrissey, Communications Manager

Ms Kerry Ryder, General Manager and Project Manager, NICHIS

Please note the next edition of the newsletter will issue when new staff are in post.

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



Current Vaccines List Updated August 2018

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
MMR	MMR Vax Pro	MSD	1
Rota	ROTARIX	GSK	10
Hib/MenC	MENITORIX	GSK	1

Adult Vaccines

Vaccine	Product Name	Manufacturer	Pack Size
Td	DITE BOOSTER	AJ Vaccines	5
Pneumococcal	PNEUMOVAX 23	MSD	1

Vaccines Used By HSE

Vaccine	Product Name	Manufacturer	Pack Size
Tuberculin	TUBERCULIN 2 TU	AJ Vaccines	10
4 in 1	IPV-BOOSTRIX	GSK	10
MMR	PRIORIX	GSK	10
MMR	MMR Vax Pro	MSD	1
Tdap	BOOSTRIX	GSK	1
HPV4	GARDASIL	MSD	1
MenC	MENJUGATE	GSK	1

Restricted Vaccines Requiring Authorisation

Vaccine	Product Name	Manufacturer	Pack Size
Hepatitis A	AVAXIM	Sanofi Pasteur	1
Hepatitis A	HAVRIX JUNIOR	GSK	1
Hepatitis A	HAVRIX ADULT	GSK	1
Hepatitis B	ENGERIX (adult)	GSK	1
Hepatitis B	ENGERIX (paediatric)	GSK	1
Hepatitis B	FENDRIX	GSK	1
Hepatitis B	HBVAXPRO 5mcg	MSD	1
Hepatitis B	HBVAXPRO 10mcg	MSD	1
Hepatitis B	HBVAXPRO 40mcg	MSD	1
Hepatitis A+B	TWINRIX (adult)	GSK	1
Hepatitis A+B	TWINRIX (paediatric)	GSK	1
Hib	HIBERIX	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur	1
MenACWY	NIMENRIX	Pfizer	1