Title: Most Common Questions from the National Immunisation Conference 23rd May 2019

Document History

Version	Author	Date:	Comments
1.0	National Immunisation Office	June 2019	

Contents

1. Fridge cleaning/stock taking/stock rotation – what is the best way to approach this?

Answer

Please see guidelines and information on the Vaccine Ordering and Storage section of our website:

https://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/

2. If polio is eradicated how long more will we need to vaccination our kids with the vaccine?

Answer

Polio is not eradicated yet, there are still two wild type polio viruses circulating in other parts of the world. Polio vaccine can only be stopped if eradication is confirmed by the WHO across the whole world, as was the case with smallpox vaccine.

3. Any guidelines available currently for children post chemotherapy. Do all PCI vaccines need to be repeated?

Answer

Reimmunisation after chemotherapy:

Children treated with standard chemotherapy regimens should be offered a booster of each age appropriate vaccine in the routine childhood immunisation schedule 6 months after completion of treatment.

For adults re-administration of vaccines given prior to chemotherapy is generally not necessary except when chemotherapy has been followed by haematopoietic stem cell transplantation (HSCT);

https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter3.pdf

4. Clarification around tetanus vaccine and tetanus immunoglobulin?

Answer

Please see Chapter 21 of NIAC guidelines for information on the administration of tetanus vaccine and immunoglobulin:

Dose and route of administration

The dose of tetanus immunoglobulin for prophylaxis is 250 IU (1 ml) intramuscularly into the anterolateral thigh. This dose is doubled to 500 IU (2ml) when any of the following situations exist:

- The injury occurred more than 24 hours previously.
- The patient weighs more than 90 kg.
- The wound is heavily contaminated.
- The wound is infected or involves a fracture.

Table 21.1 Risk assessment of wounds for use of vaccination and tetanus immunoglobulin (TIG)

Vaccination status	Clean wound	Tetanus prone wound	
Fully immunised (5 doses of tetanus vaccine at appropriate intervals)	Nil	No vaccine required unless more than 10 years since previous tetanus vaccine	Consider TIG*
Primary immunisation and age appropriate boosters complete	Nil	Nil	Consider TIG*
Primary immunisation or age appropriate boosters incomplete	Age appropriate tetanus vaccine and complete vaccine schedule	Age appropriate tetanus vaccine and complete vaccine schedule	TIG
Unimmunised or unknown vaccine status	Age appropriate tetanus vaccine and complete vaccine schedule	Age appropriate tetanus vaccine and complete vaccine schedule	TIG

* Consider TIG for fully vaccinated patients who are immunocompromised

Refer to GP for follow-up vaccines.

Tetanus September 2016

Tetanus immunoglobulin is not supplied by the National Cold Chain Service and is sourced by hospitals from the manufacturer.

5. Rotavirus – if late entrant comes to practice between 7-8 months do we administer 1 dose of rotavirus

Answer

NIAC recommends that children attending late for vaccination can still receive the 1st dose of the Rotavirus vaccine up to the age of 7 months and 0 days (and the second dose before 8 months and 0 days).

If they are already over 7 months and 0 days when they attend for first rotavirus vaccine, this should not be given.

6. If a pregnant women is on humira until 30 weeks gestation do I delay rota vaccine for her baby or go ahead as scheduled?

Answer

Rotavirus can be given at 2 months to this baby.

7. Children under 10 months given 3 MenB vaccines in other countries do they still require another MenB over 10 months? As per catch up as resident in Ireland.

Answer

The 4 dose ('3+1') schedule as recommended in the manufacturer's Summary of Product Characteristics for Bexsero is not now recommended by NIAC because of evidence that three dose ('2+1') schedule provides appropriate protection when the vaccine is given in early infancy (< 10 months of age). This MenB schedule is also recommended by Joint Committee on Vaccination and Immunisation (JCVI) in the UK.

Children aged under 10 months when they received 3 doses of Men B vaccine still require the booster dose at 12 months of age. It is very important that they receive this booster to make a full response once their immune system has matured at age of 12 months and to give them longer lasting protection.

8. Why doesn't MenB give herd immunity?

Answer

The Men B is a protein vaccine made from three N. meningitidis proteins produced by recombinant DNA technology (Neisseria heparin binding antigen (NHBA), Neisserial adhesion A (NadA), factor H binding protein (fHbp) and a preparation of N. meningitidis capsular group B outer membrane vesicles (OMV). It is therefore not the same as the conjugated vaccines available for Men A, C, W and Y protection.

Recent studies from Australia on Men B vaccines show that, unlike conjugated vaccines, the Men B vaccine does not seem to prevent carriage of meningococcal bacteria.

The Men B vaccine therefore only provides direct protection to the vaccinated person and not indirect protection of others via reduction of carriage.

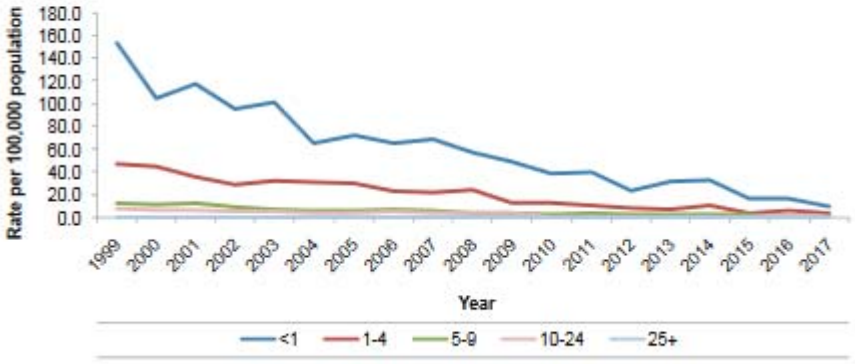
9. Information on Men B cases are in the older age groups (older children, teenagers and young adults) and are there grounds to recommend vaccination in these age group?

Answer

Infants aged less than one year are most at risk from Meningococcal group B disease in Ireland.

See information below on incidence of MenB disease in different age groups below

Figure 13.3. Age specific incidence rate of invasive Meningococcal B disease in Ireland, 1999-2017.
Source: HPSC



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https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter13.pdf

The Graph shows that the numbers with meningococcal group B disease fall rapidly after the age of 1 year.

The National Immunisation Advisory Committee has never recommended that children born before October 1st 2016 require the MenB vaccine, and the children eligible for MenB vaccine are all those aged two years up to two and a half, so those are most at risk from the disease.

Some people who are at increased risk of meningococcal disease due to underlying medical conditions are also recommended to have the Men B vaccine.

10. Can I please clarify the number of doses of PCV, Men C and Hib needed for a child over the age of 1 year?

Answer

When a child reaches the age of one year irrespective of the number of MenC, Hib and PCV13 vaccines they may or may not have received under the age of one year, that child requires:

One dose of MenC vaccine. If the child is in first year of second level school and has still not received one dose of Men C over the age of 1 year, then the Men ACWY vaccine will suffice as this dose, no further doses are routinely required.

One dose of PCV vaccine up to the age of 2 years. No doses are required after 2 years of age unless they are in a risk group for pneumococcal disease.

One dose of Hib vaccine up to the of 10 years. This can be given as part of 6 in 1 or Hib/Men C if these vaccines are also required.

Information on catch up vaccination is available at
http://www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/catchupvacc/

11. If a child over 2 needed a Hib and MenC only what vaccines do we give.

Answer

Hib/Men C vaccine (Menitorix) should be given, even though it is only licensed for those up to the age of 2 years, it can also be given to older children if this is the only protection that they require.

Each chapter of NIAC guidelines state

“In some circumstances, advice in these guidelines may differ from that in the Summary of Product Characteristics of the vaccines. When this occurs, the recommendations in these guidelines, which are based on current expert advice from NIAC, should be followed”.

Both NIAC and the UK Joint Committee on Vaccination and Immunisation

(JCVI) recommend combined Hib/MenC in those over 2 years to prevent Meningococcal and Haemophilus influenzae type b disease”

https://www.hse.ie/eng/health/immunisation/infomaterials/newsletter/newsletter28.pdf

12. In the UK IPV Boostrix is recommended from 3yrs and 4mths. Yet in Ireland the advice is to revaccinate children who move to Ireland having had a booster under the age of 4. What is the reason for this?

Answer

The National Immunisation Advisory Committee (NIAC) advises that if a child has received the 4 doses of vaccines containing diphtheria, tetanus, polio and /or pertussis under 4 years of age, they should receive a 4 in 1 vaccine over 4 years of age, given at least 6 months after the 4th dose.

This is because boosting under 4 gives a poorer immune response (strength and duration) compared to boosting over the age of 4.

National immunisation Advisory Committees from US, Australia and Canada give similar advice.

13. Have there been any reported side effects to the HPV vaccine in Australia, including side effects specific to boys please?

Answer

All vaccines can have side effects. The reactions that people have had after the HPV vaccine have been similar to reactions from other vaccines. The most common side effects are pain, redness and/or swelling at the site of injection.

http://www.hpvvaccine.org.au/parents/myths-and-facts-about-hpv-and-the-vaccine.aspx

Australia have not reported any difference in side effects between boys and girls and they have been vaccinating boys since 2013.

14. If a child had got her 1st HPV in 1st year at 12 yrs old and does not return for 2nd dose for 3-4 years is it still ok to just give 2 doses?

Answer

If HPV vaccine schedule is started before age of 15 years, only 2 doses required to complete the schedule. The schedule never needs to be restarted for any of the vaccines in the National Immunisation Programmes

15. When HPV becomes available for boys what about the older teenagers who have not been sexually active, are they eligible to get this vaccine please? If yes do they need two doses or one please?

Answer

Only boys in first year of second level school will be able to have the HPV vaccine as part of the national programme from September 2019. The National Immunisation Advisory Committee (NIAC) has not recommended a catch up programme for older boys.

Older boys who would like to receive the vaccine will need to source this privately. The vaccination schedule for boys and girls is the same.

Men who have sex with men up to the age of 45 years can receive the vaccine from a sexual health clinic.

16. How do we advise parents whose daughters have been fully vaccinated against HPV with Gardasil and now want to know about HPV9 and how many doses are required?

Answer

NIAC does not recommend HPV9 for girls who completed a course of HPV4 as part of the national immunisation programme. HPV4 provides protection against the HPV strains that cause 70% of cervical cancers. If parents decide they want their vaccinated daughters to receive HPV9 as well, they will need to source this privately.

17. What are the current MMR and travel recommendations?

Answer

NIAC has made recommendations on MMR vaccine and travel to areas and regions affected by measles outbreaks:

3. Pre-travel measles vaccination for those travelling to countries or regions where measles is endemic or where outbreaks are occurring:

i. **Infants 6 months to ≤11 months of age** should receive one dose of MMR vaccine.

A dose given ≤11 months of age does not replace the dose recommended at 12 months of age. If a dose of MMR is given before the first birthday, either because of travel to an endemic country or because of a local outbreak, two further doses should be given ≥ 12 months of age (at least 28 days after the first dose) and 4 to 5 years of age.

ii. Children 12 months of age and older

a) *If unvaccinated* should receive two doses of MMR vaccine separated by ≥28 days. To ensure protection, the second dose should be given ≥2 weeks prior to travel.
b) *If received one dose of MMR vaccine* should receive a second dose ≥28 days later and ideally ≥2 weeks prior to travel.
c) *if received two doses of MMR vaccine <3 months apart* ***and*** *the child was <18 months of age,* the routine 4-5 year dose (i.e. a third dose) should be given in order to ensure full protection

ii. **Teenagers and adults without evidence of immunity to measles** should get two doses of MMR vaccine separated by ≥28 days.

MMR vaccine for this indication can be obtained free from the National Cold Chain service.

Public Health departments have recently issued an outbreak code for GP reimbursement for the administration for a dose of MMR for travel to an outbreak affected region for those aged 6 to 11 months of age.

These children still need to receive their routine MMR vaccine at 12 months of age.

There is no reimbursement for MMR given to older children and adults for travel purposes.

18. For MMR outbreak in Europe if 2nd dose is given children greater than 1 year and less than 5 years do you need MMR at 5 years also?

Answer

A 3rd MMR in junior infants is needed only if the child was under 18 months of age when they received the second dose and it was at an interval of less than 3 months after the first dose.

19. Do you have to delay MMR for 1 month post rotavirus vaccine for travelling infant?

Answer

MMR can be given at any time interval after rotavirus vaccine. However, MMR for travel should only be given from 6 months of age and rotavirus vaccine on the routine schedule should be completed by 4 months of age and not given at all after 8 months of age.

20. Can live vaccines i.e. MMR be given to a breastfeeding mother

Answer

The MMR vaccine (and varicella vaccines) can be given to a breast feeding mother; there is no risk of transmission of infection.

21. Should we check serology levels first if somebody isn't sure of their measles or rubella status?

Answer

Serology may be inaccurate, a history of having a single dose of rubella containing vaccine is sufficient for rubella protection and two doses of MMR for measles protection. If the person does not have a documented vaccine history, give one or two doses of MMR vaccine. Serology testing is not routinely recommended after vaccination.

22. If someone attends for a health care pre-employment check do we need to do serology for titres if we have evidence of 2 MMRs

Answer

No, because NIAC advises that satisfactory evidence of protection against measles, mumps and rubella is documentation of having received 2 MMR vaccines.

23. Pregnant mother who has had 2 MMRs and is not rubella immune – do they require more MMRs?

Answer

No further MMR required, because NIAC advises that satisfactory evidence of protection against rubella is documentation of having received one MMR vaccine.

24. Has there been an official guidance given regarding BCG vaccination now in Ireland?

Answer

The HSE is awaiting instruction from the Department of Health regarding BCG vaccination following NIAC recommendation and a HIQA Health Technology Assessment paper concluding that BCG vaccine does not now need to be given routinely to all children in Ireland.

25. What is the list of medical conditions who should receive hepatitis B vaccine?

Answer

From NIAC guidelines Chapter 9:
https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter9.pdf

Those receiving regular transfusions of blood or blood products, and carers responsible for the administration of such products.

Those with learning disability attending centres such as day-care facilities, special schools and other units.

Patients with chronic renal failure.

Patients with chronic liver disease including those with persistent hepatitis C infection.

Patients who are non-immune and who are likely to become immunocompromised, e.g. transplant recipients or those receiving immunomodulatory agents.

HIV exposed and infected infants should be given Hepatitis B vaccine at birth and then continue with the routine childhood schedule.

26. Are we meant to give Boostrix or Boostrix IPV to pregnant women?

Answer

The National Immunisation Advisory Committee (NIAC) recommends that all pregnant women should be offered Tdap (Boostrix) as early as possible after 16 weeks and up to 36 weeks gestation in each pregnancy, to protect themselves and their infants against Pertussis.

IPV stands for Inactivated Polio Vaccine, so Boostrix IPV is not required for pregnant women as the protection they require is for pertussis not polio.

27. Do maternal Pertussis antibodies transfer to breast milk?

Answer

Pertussis antibodies are transferred in breast milk, however though breastfeeding remains a mainstay of prevention for numerous diseases, it does not seem to play a role against pertussis infection. Therefore pregnant women should be advised to receive pertussis vaccine with each pregnancy between 16 and 36 weeks gestation to maximise protection to their baby while they baby is too young to be vaccinated.

28. How often as HCW should we receive booster pertussis vaccine?

Answer

Every 10 years.