

HSE NATIONAL IMMUNISATION OFFICE

# IMMUNISATION BULLETIN 51

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## THIS EDITION COVERS

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## Anaphylaxis and Statement on Epinephrine from NIAC

The National Immunisation Advisory Committee (NIAC) recently recommended to use Epinephrine ampoules of 1/1,000 concentration and not autoinjectors for the immediate management of anaphylaxis. This is consistent with the Resuscitation Council UK Guidelines (2021).



**More information**  
Read more [here](#).

### The key reasons for this NIAC recommendation include:

- Epinephrine is recommended to be given IM in the immediate management of anaphylaxis.
- Three epinephrine autoinjectors are marketed in Ireland
  - Anapen 150, 300, 500 micrograms. Needle length is 10mm in all.
  - EpiPen 150, 300 micrograms. Needle length 15mm in 300, 13mm in 150.
  - Jext 150, 300 micrograms. Needle length 15mm in both.
- Recommended needle length for IM injections in the anterolateral thigh from 28 days of age is 25mm (38-40 mm for those weighing >100kg). Needles ≤16mm will enter the subcutaneous layer. Needles of 25mm may not enter the muscle in those weighing >100kg.
- Absorption from the SC layer is significantly slowed compared to IM injection, and is biphasic. This is likely to lead to lower plasma levels in the first 10 minutes after injection.

Therefore, epinephrine autoinjectors should not be used by health professionals for the emergency treatment of anaphylaxis or suspected anaphylaxis unless they are the only source of epinephrine available.

## Changes to chapters in the Immunisation Guidelines

The National immunisation Advisory Committee have recently updated a number of chapters in their guidance.

### Measles, Mumps and Rubella vaccination in an outbreak

NIAC have updated their recommendations regarding MMR vaccination in the context of an outbreak. For children aged 12 months and older, when protection is urgently required, a second dose of MMR vaccine can be given as early as four weeks (28 days) after the first dose.

**This is a valid dose and no further doses are required if both doses were given after 12 months of age.**

This guidance has been updated in Chapter 12 on Measles, Chapter 14 on Mumps, and Chapter 20 on Rubella.



**More information**  
Read Chapter 12 [here](#).  
Read Chapter 14 [here](#).  
Read Chapter 20 [here](#).



## Changes to chapters in the Immunisation Guidelines (cont. from page 1)

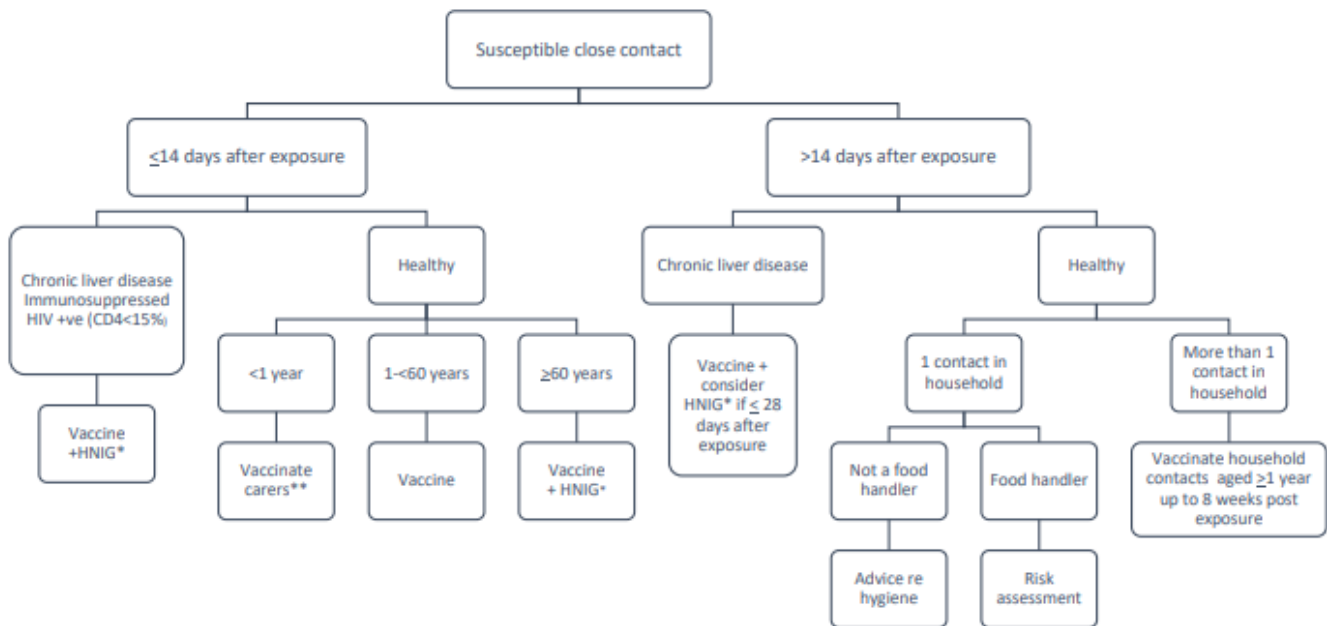
### Hepatitis A: Update to time period within which vaccination of contacts is advised

The National Immunisation Advisory Committee (NIAC) has recently updated their recommendations regarding vaccination for post exposure prophylaxis the management of household contacts of Hepatitis A.

#### Hepatitis A, NIAC now advises:

- Hepatitis A vaccine is recommended for persons aged 1 to less than 60 years, who are within 2 weeks of exposure and who have no previous history of Hepatitis A or laboratory-confirmed Hepatitis A infection.
- In shared households with more than one close contact, hepatitis A vaccine should be offered to all contacts seen within eight weeks of exposure to prevent tertiary cases within the household.

**Figure 8.3. Management of susceptible close contacts of Hepatitis A**



\* Anti HAV IgG testing prior to HNIG if feasible  
 \*\* If not feasible, vaccinate those > 2 months of age



**More information**  
 Read Chapter 8 [here](#)



## Changes to chapters in the Immunisation Guidelines (cont. from page 1)

### Hepatitis B Vaccination

NIAC have updated their guidance on Hepatitis B vaccination pre solid organ transplant.

Fendrix® or HBV Vaxpro 40® is recommended for all solid organ transplant patients pre transplant.

For patients 15 years or under, Engerix B Paediatric (at two sites) or HBVAXPRO5 can be given (at two sites).

If Fendrix® or HBVAXPRO40® are not available, Engerix B® 1ml at 2 sites may be given to those aged >15 years to complete a course, giving a total of 4 doses.

**Table 9.2** Hepatitis B vaccines for chronic kidney disease, pre-dialysis, and pre transplant patients

Age (years)	Vaccine	Dose	Schedule (months)
0-≤15	Engerix B Paediatric® or HBVAXPRO 5®	0.5ml at 2 sites	0, 1, 6 or 0, 1, 2, 12 <sup>1</sup>
≥15	Fendrix®	0.5 ml	0, 1, 2, 6
≥16	Engerix B® 1ml at 2 sites	1ml at 2 sites	0, 1, 2, 6 <sup>2</sup>
	HBVAXPRO 40®	1ml	0, 1, 6

<sup>1</sup> Accelerated course

<sup>2</sup> If Fendrix® or HBVXPRO40® are not available, Engerix B® 1ml at 2 sites may be given to those aged >15 years to complete a course, giving a total of 4 doses.



More information  
Read Chapter 9 [here](#)

## Vaccine Ingredients

### A discussion guide for healthcare professionals and their patients on vaccine ingredients

We have developed a new document providing information on vaccine ingredients. This document has been developed in order to assist healthcare professionals in advising parents or individuals who may have questions about vaccines.

It covers topics like:

- What is in a vaccine?
- Where can I find a list of the excipients in each vaccine?
- What are adjuvants?
- Aluminium, egg proteins, gelatin and other excipients that parents and individuals may have questions about.



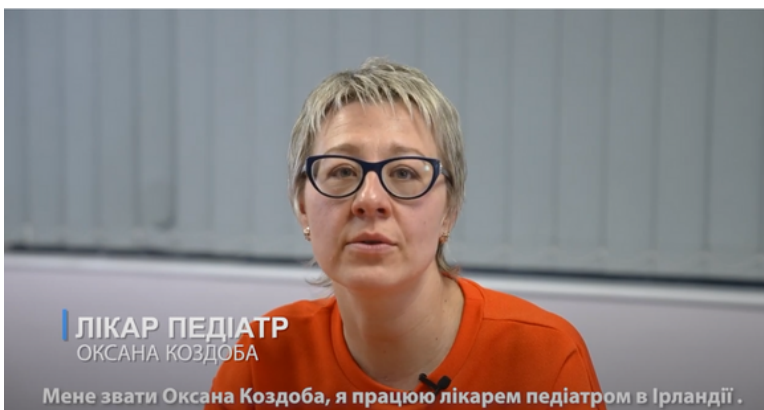
**More information**  
Read our Vaccine Ingredients discussion guide [here](#).

## Supporting people from Ukraine

### Videos and information materials to support people from Ukraine

We've been very fortunate to work with **Dr Oksana Kozdoba** and **Dr Kateryna Kachurets** on a range of materials for people from Ukraine and for the healthcare workers who support them.

One of the pieces is a series of videos with Dr Kozdoba in Ukrainian on vaccines recommended in Ireland. The topics include the PCI programme, Schools Vaccines, Catch-up Vaccines, Vaccines in Pregnancy and the COVID-19 vaccine. The videos are intended for the Ukrainian community here in Ireland. You are very welcome to share [the YouTube video playlist](#) where you think appropriate.



**More information**  
Watch our YouTube video playlist [here](#).  
Download our supporting materials [here](#).



## Monkeypox and the Imvanex® vaccine

NIAC have issued a new Chapter for the Immunisation Guidelines for Ireland titled Chapter 20a Smallpox (variola)/Monkeypox in anticipation that there may be individuals in Ireland who have contracted or been exposed to the Monkeypox virus and health care workers at risk of occupational exposure.

The chapter includes recommendations on the use of Imvanex® for the prevention of Monkeypox. Imvanex® is a vaccine licensed for the prevention of smallpox by the EMA. It contains a live non-replicating form of vaccinia called 'vaccinia Ankara'. It does not cause disease in humans as it cannot replicate in human cells.



**Please note that Imvanex® must be administered subcutaneously.**

### NIAC recommendations on Imvanex®

#### Pre-Exposure Prophylaxis:

Designated healthcare and laboratory staff (including domestic staff etc.) who will be involved in the management of monkeypox cases or their samples should be offered two doses 28 days apart. Those who have had previous smallpox vaccination only require one 0.5ml dose.

#### Post Exposure Prophylaxis for Contacts:

High and intermediate risk contacts within four days of exposure to a laboratory confirmed case should be offered one 0.5 ml dose of Imvanex® vaccine. This may include healthcare workers (including domestic staff, etc.) caring for the case, and other contacts who have not previously been vaccinated.

The vaccine can prevent the onset of symptoms if given within four days of exposure. If given within five to 14 days after the date of exposure, it may reduce the symptoms but may not prevent the disease.

If there is a likelihood of ongoing exposure, those who have not had smallpox vaccination require a second dose given at least 28 days after the first.



#### More information

Read NIAC guidelines [here](#).

**The following resources on the use of Imvanex® in response to Monkeypox are available on the HPSC website**

- Supporting information for healthcare workers: Use of Imvanex® vaccine in response to Monkeypox
- Information leaflet: Imvanex® vaccine in response to Monkeypox
- Consent Form for Adults for the administration of Imvanex® vaccine
- Consent Form for Children for the administration of Imvanex® vaccine
- Imvanex® vaccine in response to Monkeypox vaccination record and post vaccination advice



#### More information

HPSC resources are available [here](#).



## Data issues on immunisation records

**Vaccine batch number issues:** Correctly upload vaccine batches numbers on to your software system after delivery.

**Use before date issues:** Check use by date matches the USE BEFORE Date on the label on vaccine box affixed by the National Cold Chain for Pfizer and Moderna vaccines.

**Incorrect interval:** Please ensure all vaccines are administered at the right interval.

**Date Administered:** Ensure the date administered is correctly recorded on the record as this may cause interval issues.

**Date entry** should be at the point of vaccination: Avoid retrospective data entry as it increases the risk of data input human issues.

**Do not update on your system:** If you update anything on your software system this sends a duplicate message into the COVAX system and created a duplicate immunisation record. Try to reduce mistakes on your systems by checking the record before completing the vaccination.

 Please submit a request to your resolver team to correct something on COVAX at [pharmacyvaccines@vision.com](mailto:pharmacyvaccines@vision.com) and GP resolver teams at [gpvaccines@vision.com](mailto:gpvaccines@vision.com)

**Changing vaccine or changing course from booster or additional doses:** These are difficult changes on the Covax system and are only completed as bulk updates. Picking wrong vaccine or wrong vaccine course will results in delays for your patients receiving certs.

**Given elsewhere:** Vaccines can only be recorded by phoning [DCC Service Centre at 1800807008](tel:1800807008).

Later software updates will happen on the system to allow you to tick a given elsewhere box.

**For GPs only marking record as immunocompromised at time of primary vaccination or after primary vaccination:** This is essential part of the vaccination programme. If captured correctly it helps us correctly identify doses as boosters or additional doses. This functionality to record immunocompromised individuals on GP software systems is to be rolled out to GPs to help improve data quality.

**Pin number missing or vaccinator name incorrect:** Make sure you are correctly configured on your GP software system otherwise, you details will be missing. Changing vaccinator's details after vaccination will result in a duplicate immunisation record. Contact resolver groups to change the vaccinator name.

Use this checklist before your clinic to remind you of the issues that can occur at time of immunisation.

## Checklist to avoid vaccine issues on immunisation records

1. Avoid retrospective data entry
2. Check you are correctly captured on the software system with your name pin and profession type recorded
3. Check batch of vaccine recorded correctly, only batch is to go into this field.
4. Check USE BEFORE date of vaccine
5. Check right course and vaccine for the age groups and that it is recorded correctly
6. Check interval is correct
7. Check details on record
8. Check correct date administered
9. Immunocompromised or not- email via healthlink & follow agreed process ( For GPs only)
10. Check record before submitted- remember do not update record after submitted
11. Contact your resolver team to correct issue in Covax Do Not update on your system.



### Queries have to go relevant teams

For pharmacy queries: [pharmacyvaccines@vision.com](mailto:pharmacyvaccines@vision.com)

For GP resolver teams: [gpvaccines@vision.com](mailto:gpvaccines@vision.com)

Given elsewhere DCC Service Centre: 1800807008

## Launch of #KeepUpToDate campaign to support the Primary Childhood Immunisation programme



**Tuesday 21st June 2022** marks the **launch of the NIO's #KeepUpToDate campaign** to support the national Primary Childhood Immunisation programme.

**Recent HPSC reports** show we are not reaching the 95% of vaccination needed to achieve community immunity and protection from these vaccine preventable diseases.

It's important that parents and guardians keep up to date with their baby's vaccines. Vaccinating your baby on time gives them the best protection against serious diseases like meningitis, measles and polio.

It takes just **five visits** to your General Practice to complete your baby's vaccination schedule, giving your baby important protection from these vaccine preventable diseases.



### More information

Information materials for parents and guardians are available [here](#).  
Supporting materials for healthcare professionals are available [here](#).  
Read HPSC reports [here](#).





## Website

Visit our website [www.immunisation.ie](http://www.immunisation.ie) regularly for the most up to date information to support vaccinators and health professionals responding to queries.

 Visit website [here](http://www.immunisation.ie).

## HSeLanD Vaccination Training Programme

### COVID-19 vaccination training programme

You can access updates to the National Immunisation Office COVID-19 Vaccination Training Programme for

- Children 5 to 11
- Pfizer,
- Moderna,
- Janssen, and
- Nuvaxovid vaccine

through your HSeLanD account.

We would encourage you to log in and complete the updated content in each programme to refresh your knowledge and ensure you are up to date with your COVID-19 Vaccination Training.

### Other immunisation training programmes

You will also find other programmes developed by our office by logging into your account on [www.hseland.ie](http://www.hseland.ie) selecting **courses** then selecting **clinical skills** and finally selecting **National Immunisation Office**.

Our programmes cover topics like "Communicating about vaccines", "HPV vaccine", the "Flu vaccine", "LAIV flu vaccine" and "vaccines in pregnancy", "Vaccines - supporting people from Ukraine" and "Storing and Managing Vaccines".

 Visit HSeLanD [here](http://www.hseland.ie).

If you have any issues with the platform please contact HSeLanD directly.

 Contact HSeLanD [here](http://www.hseland.ie).

## Do you have queries?

Clinical queries from healthcare professionals can be directed to our dedicated email address

 Send your query [here](mailto:clinical@immunisation.ie).

Should vaccines be exposed to temperatures outside of parameters please contact a National Immunisation Office pharmacist immediately. Contacts include:

- Cliona Kiersey: mobile 087 9915452
- Achal Gupta: mobile 087 4064810

**Queries that are not clinical or technical cannot be answered by the National Immunisation Office**