

August 2017

National Immunisation News

The Newsletter of the HSE National Immunisation Office

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Increase in Meningococcal C disease

The number of people developing meningococcal C (Men C) disease in Ireland has been increasing since 2013. There have been more than 60 cases of MenC disease since 2013. Twenty of these cases have been reported in 2017.

Since 2000, all babies have been vaccinated against MenC disease as part of the childhood vaccination programme. However MenC vaccine uptake has never reached the World Health Organization target of 95% needed to prevent outbreaks of the disease (see page 2).

It is important that all parents are made aware of the importance of timely MenC vaccination to protect their children from this serious disease.

MenC vaccine is recommended at 6 and 13 months of age with a booster dose for all children in 1st year of second level school (to provide extra protection into adulthood).

Children should be vaccinated on time.

Those up to 23 years of age who have not had MenC vaccine should be vaccinated.

For more information see the following links:

<https://goo.gl/PrqpE5>
<https://goo.gl/hEsgMb>

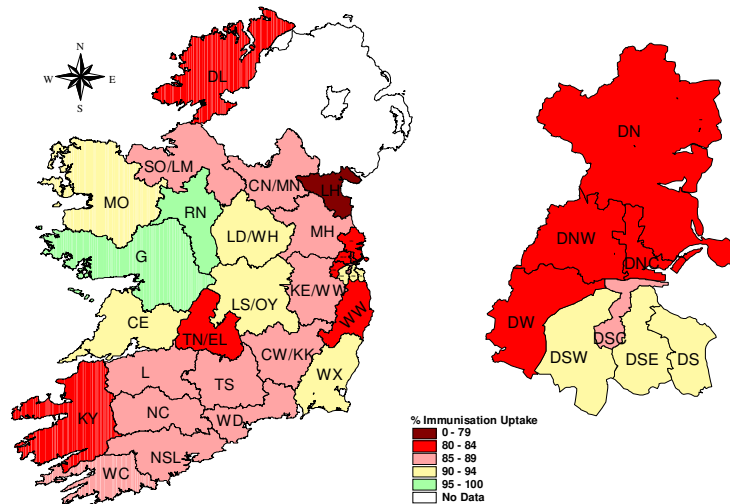


MenC₃ immunisation uptake rates

Immunisation uptake rates at 24 months for Quarter 1 2017 show rates for 6in1 were 95% BUT

uptake of vaccines at 12 and 13 months still have not reached 95% with MMR₁ at 92%, Hib_b and PCV₃ 90% and MenC₃ only 86%.

MenC3 immunisation uptake rates at 24 months Quarter 1 2017



Source: HPSC

Check out your local area uptake rates at <https://goo.gl/waKjkq>

Measles outbreak in Europe

A measles outbreak continues in Europe. Italy, Romania and Germany have the most cases. Other countries also affected include Austria, Belgium, Bulgaria, Czech Republic, Croatia, France, Iceland, Portugal, Poland, Spain, Slovenia and Sweden. This on-going measles outbreak has caused 35 deaths in the past 12 months and since June there have been deaths in Romania, Italy, Germany and Portugal.

There is no change 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.

However, MMR vaccine is recommended for children aged 6 to less than 12 months of age travelling to other countries where measles outbreaks have been reported.

MMR vaccine may take up to 4 weeks to be effective.

The vaccine is available to order free of charge through the National Cold Chain Service.

NOTE: If MMR vaccine is given before 12 months of age, this dose is not counted as part of the childhood vaccination programme. MMR vaccine should be repeated at 12 months of age, at least one month after the first vaccine with a further dose at 4 - 5 years of age.

MMR vaccine is not recommended before the age of 6 months as it is not effective in young infants.

Further information at: <https://goo.gl/kW44Kx>



Improve HPV vaccine uptake to protect girls

"The HSE information on HPV vaccine is amongst the best and most detailed from any country worldwide."

Robb Butler,
Head of Immunisation,
World Health Organization,
Europe

The HSE School Immunisation teams will visit schools in September to deliver the HPV vaccine.

Vaccine uptake dropped from 87% in 2014/15 to an estimated 50% for the first dose in 2016/17 due to alleged safety concerns. Initial data for the second dose shows that the drop in uptake has stabilised and final figures for 2016/17 will be published later this year.

By March 2017, 227 million doses of Gardasil (HPV4) vaccine had been distributed worldwide.

There is now even more scientific evidence to refute the claims that HPV vaccine causes Chronic Fatigue like Syndrome or any other long term medical condition. A nationwide study from Norway has shown that there is no association between HPV vaccination and chronic fatigue syndrome like conditions (June 2017). See information at:

<https://goo.gl/V53ZsS>

There is also more published scientific evidence showing the efficacy of the vaccine. In Scotland where 90% of girls received the HPV vaccine since 2008, there has been a 90% fall in HPV infections (2017).

Since Gardasil was licensed in 2006, no safety signal has been raised from any Medicines Regulatory Authority. Nevertheless the Global Advisory Committee on Vaccine Safety (GACVS) of the World Health Organization has systematically investigated safety concerns raised about HPV vaccines.

WHO has continually reported that, it has never found any safety issue that would alter its recommendations for the use of the vaccine.

New data presented at GACVS meeting in June 2017 has strengthened this position.

WHO strongly supports the HSE HPV school vaccination programme.

For more information on HPV vaccine see: www.hpv.ie

"The World Health Organization strongly recommends HPV vaccine to prevent cervical cancer."

Robb Butler,
Head of Immunisation,
World Health Organization,
Europe

Health Technology Assessment of HPV vaccine for boys

The Department of Health has requested the Health Information and Quality Authority (HIQA) to undertake a health technology assessment to assess the benefits of extending the national HPV immunisation programme to include boys. HIQA's final report is expected to be completed in autumn 2018 when it will be submitted to the Minister for Health.

Seventy percent of oropharyngeal cancers are attributable to HPV. It has been estimated (in the US) that the incidence of oropharyngeal cancers among males will overtake that of cervical cancers in women by the year 2020.

Students going to college

Many young people have not had two doses of MMR vaccine. In addition to measles cases there are also cases of mumps in students in 3rd level colleges.

There have been 194 cases of mumps reported to date in 2017. Most of the cases are in young adults under the age of 35.

If students have not had (or are not sure if they have had) two doses of MMR vaccine they should be advised about MMR vaccine.

MenC vaccine should be offered to students, under the age of 23, who come to study in Ireland and who have never received MenC vaccine.

Needle length for vaccination of infants

Each vaccine used in the childhood schedule comes with a 25mm long needle which complies with NIAC recommendations. As we share packaging with other European countries, some packs also contain a 16mm long needle.

Please make sure you use the correct needle length for vaccine administration.

See Table 2.6 Immunisation Guidelines for Ireland

Patient's age	Site (see illustrations below)	Needle length and size
Birth to <12 months	Vastus lateralis muscle in anterolateral aspect of mid or upper thigh	25 mm* 23-25 gauge
12 to <36 months	Vastus lateralis or deltoid muscle (depending on muscle mass)	25 mm 23-25 gauge
3 years and older	Deltoid muscle (see diagram page 17)	25 mm** 23-25 gauge

* Use a 16 mm needle in infants under 2.5-3 kg.
** Use 40 mm needle in females >90 kg, males >118 kg.

Timing of primary childhood vaccines

Interval between the 1st and 2nd (2 and 4 month) vaccination visits

The optimal interval is 2 months

The minimum interval is 4 weeks

Interval between the 2nd and 3rd (4 and 6 month) visits

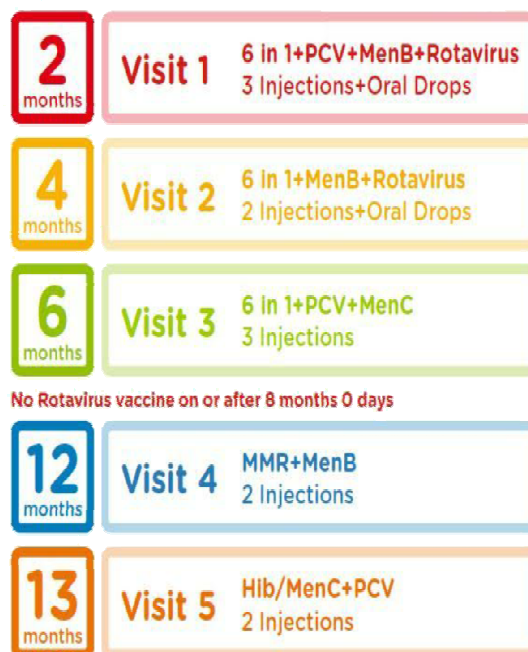
The optimal interval is 2 months.

The minimum interval is 8 weeks (and 16 weeks after 1st visit).

For more information see our website:

www.immunisation.ie

and <https://goo.gl/aev1E8>



Menitorix (Hib/MenC)

Menitorix will be available to order from October 2017. You should now reduce your orders for single Hib and MenC vaccines to avoid overstocking.

The NIO will write shortly to GP practices about the change to the combined Hib/MenC vaccine Menitorix.



See Pack shot for Menitorix

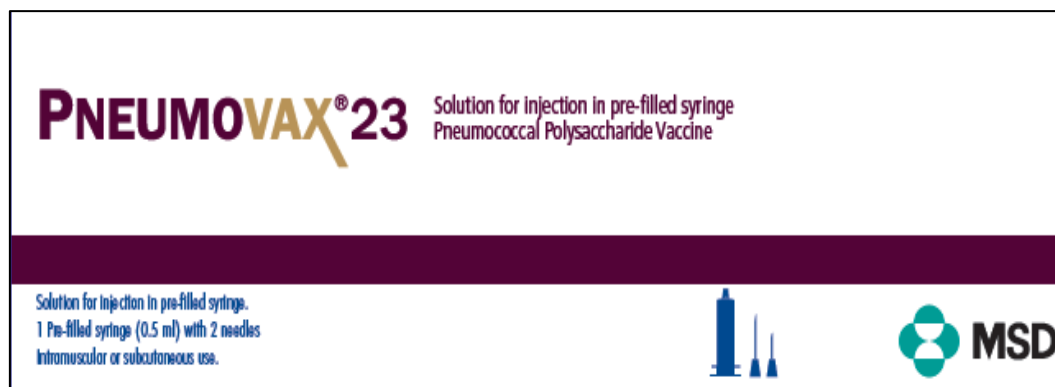
Change in vaccine order pattern from the NCCS

Online allowances will change

From September the monthly allowance of Bexsero will increase to equal the quantity of Infanrix Hexa currently allowed. In October, Hiberix will be removed from the list and replaced by Menitorix. As Menitorix also contains MenC, the current allowance of Menjugate will be halved.

Change in presentation of PPV23 vaccine

See new packaging below



Needles included are 25GX16mm and 23GX 25 mm

PPV23 vaccine will be available this season as a prefilled syringe with two needles.

23G X 25mm (blue) and 25G x 16mm (orange). This vaccine does not need to be reconstituted.

Attach the 23G x 25mm (blue) needle to the prefilled syringe and administer.

Please use any PPV23 stock in vials before using new stock of the prefilled syringe.

Common Questions

Question

If a woman's pregnancy coincides with two flu seasons will she need to two separate flu vaccines?

Answer

Yes, NIAC recommends that the 2017/18 flu vaccine should be given to all pregnant women including those who have already received the 2016/17 flu vaccine to protect themselves and their babies in utero and after birth. Therefore two flu vaccinations, one in each season, may be necessary during pregnancy.

The vaccine can be safely given at any stage of pregnancy.

Question

If the Hepatitis B vaccine schedule is delayed should the course be restarted?



Answer

No, The Immunisation Guidelines, Chapter 2 states

"If an immunisation course is interrupted, it should be resumed as soon as possible. It is not necessary to repeat the course, regardless of the time interval from the previous incomplete course. The course should be completed with the same brand of vaccine if possible.*

** except cholera vaccine". <https://goo.gl/1Z88my>*

Rotavirus vaccine

REMEMBER

After rotavirus vaccination, always remind parents to seek medical attention if their baby develops symptoms of intussusception.

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.

Recent Survey

Evaluation of Information Materials, Training and Performance of the HSE National Cold Chain Delivery Service during the Implementation of the New Primary Childhood Immunisation (PCI) Schedule.

The NIO would like to thank all those who participated in this recent survey.

Your support of the survey is greatly appreciated. Information on the evaluation will be available in the next Newsletter.

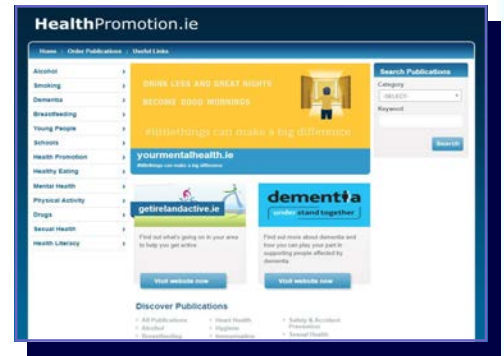
Congratulations to the winner of our €75 book token Longford Medical, Ballyminon, Longford.

Order Information Materials

Visit www.healthpromotion.ie today to order our immunisation information materials.

You will find our materials in the immunisation section.

If you register an account **as a health professional** on the website you will have access to more materials and be able to order larger quantities for your practice.



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 (including translations in 10 different languages) 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

Peter Darcy has joined the NIO as Information Officer - welcome to the NIO Peter!
Niamh Sneyd is moving to HPSC in September - good luck in your new role Niamh!

Contact Details:

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Ms Yvonne Morrissey, (NICHIS) Project Support

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Ms Niamh Sneyd, Deputy Project Manager, (NICHIS)

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

Are you following us on Twitter?



Come join the conversation our account name is [@HSEImm](https://twitter.com/HSEImm)

Current Vaccines List Updated August 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
MMR	MMR Vax Pro	MSD	1
Rotavirus	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
Influenza (from Sept)	Inactivated Influenza (Split Virion) BP	Sanofi	10

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	1
Hepatitis A	HAVRIX Junior Monodose	GSK	1
Hepatitis A	HAVRIX ADULT	GSK	1
Hepatitis B	ENGERIX (adult)	GSK	1
Hepatitis B	ENGERIX (paediatric)	GSK	1
Hepatitis B	FENDRIX (renal insufficiency)	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
4 in 1	INFANRIX-IPV	GSK	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi	1
MenACWY	MENVEO	GSK	1