

HSE NATIONAL IMMUNISATION OFFICE

IMMUNISATION BULLETIN 65

THIS EDITION COVERS

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COVID-19 vaccination

COVID-19 vaccination during the summer months, July – September

The COVID-19 Spring booster programme ended on June 16th 2023. However if patients who were eligible for a Spring booster come forward for booster vaccination after 16th June, then GPs and pharmacists may vaccinate if deemed in the best interests of the patient, but having regard to the impact on Autumn booster timing.

The following groups will be eligible for a COVID-19 vaccination over the summer months:

- Primary courses for those aged 6 months and older.
- First booster dose for people aged 18 years and over (12 years and over if immunocompromised), if it has been at least 4 months since they completed their primary course.
- Pregnant women in the appropriate stage of pregnancy and where the appropriate time since last dose of vaccine has elapsed. Please refer to latest NIAC recommendations for COVID-19 vaccination in pregnancy*.



For more information, [read Chapter 5a of NIAC Immunisation Guidelines for Ireland.](#)

Reminder of the latest NIAC intervals for the COVID-19 Primary Vaccination Schedule

- **For those aged ≥ 30 years:** two doses, with an interval of four weeks between doses*.
- **For those aged 5-29 years:** two doses, with an interval of eight weeks between doses*.

**A minimum interval of three weeks may be used if there is urgency to achieve protection.*

- **For immunocompromised individuals aged 5 years and older:** 3 doses, with an interval of four weeks between dose 1 and dose 2, and eight weeks between dose 2 and dose 3 (the additional dose).

The interval between the primary course and the first booster COVID-19 vaccine remains at 4 months. In exceptional circumstances a 3 month interval may be used.



For more information, [read Chapter 5a of NIAC Immunisation Guidelines for Ireland.](#)

MMR vaccine

New resources to support the Traveller Community

HSE Social Inclusion, Pavee Point and the NIO have developed new resources for the Traveller community about the MMR vaccine and measles and why it is important that all children, including Traveller children, are fully protected against serious diseases like measles.



For more information, [visit the HSE Social Inclusion website.](#)

The new informational resources include videos and a poster.



[Watch the video from Ann McDonnell, Traveller Primary Health Care Worker.](#)
[Watch the video from Dr Chantal Migone, Consultant in Public Health Medicine.](#)
[Download the poster with Ann McDonnell, Traveller Primary Health Care Worker.](#)

HPV vaccination

The Laura Brennan HPV Vaccine Catch-up Programme

The Laura Brennan HPV Vaccine Catch-up Programme launched in December 2022 and will continue until the end of 2023. The following groups continue to be offered HPV vaccine.

Females can receive the vaccine if they are:

- in second to sixth year of secondary school, homeschooled or a special school
- Under 25 years of age

Males can receive the vaccine if they are:

- in second to fourth year of secondary school, homeschooled or a special school
- in fifth year but skipped Transition Year and started first year between 2019 and 2021

If you are eligible for the programme, you can [book your HPV vaccine catch-up appointment on HSE website](#).

Vaccine Intervals

Doses of different non-live vaccines can be administered on the same day or at any interval from each other.

Similarly, different non-live and live vaccines can also be administered on the same day or at any interval from each other. An exception to this rule is if the live vaccine includes a combination of MMR with varicella or zoster vaccine. If these vaccines are not given on the same day, there must be an interval of 28 days between the doses of MMR and varicella or MMR and zoster vaccines. **See also Table 2.5 below for general advice about giving vaccines.**

Therefore, if a child has received varicella vaccine, then that child can have any non-live vaccine at any time interval after the varicella vaccine was given. However, if the live MMR vaccine is required, the MMR should not be given for at least 28 days.

In addition, if the 6 month vaccines are late being administered e.g. given at 10 months, there is no need to delay the 12 months vaccines.

2.2.9 Intervals between live and non live vaccines



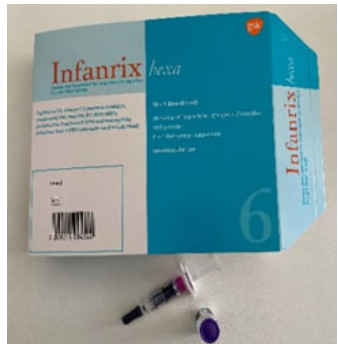

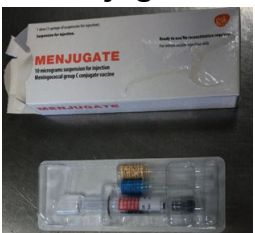
The following table shows the recommended intervals between vaccines.

Table 2.5 Recommended intervals between vaccine doses

Antigen combination	Recommended interval between doses
MMR and yellow fever*	MMR and yellow fever should not be administered on the same day. They should be given ≥ 4 weeks apart
MMR, varicella and zoster vaccine	Can be given on the same day or ≥ 4 weeks apart
BCG, rotavirus, live attenuated influenza vaccine (LAIV), MMR, oral typhoid vaccine, varicella, yellow fever, and zoster	Apart from the combinations listed above , can be given on the same day or at any interval between doses
Non live vaccines	May be administered simultaneously or at any interval between doses
Non live and live vaccines	May be administered simultaneously or at any interval between doses


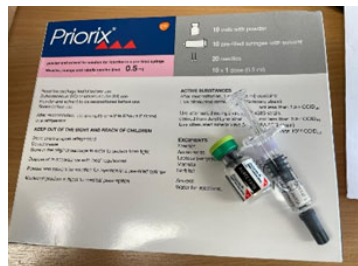


***MMR and yellow fever.** If these vaccines are given at the same time there may be reduced immune responses to the mumps, rubella and yellow fever antigens, so at least a 4 week interval should be left between them. If protection is required rapidly the vaccines may be given on the same day and an additional dose of MMR given at least 4 weeks later.

For more information, [read Chapter 2 of NIAC Immunisation Guidelines for Ireland](#).

Vaccine Type	Presentation	Contents	Preparation
MenB Vaccine (Meningococcal B Vaccine)	Bexsero 	Prefilled syringe with MenB 2 provided unattached needles, blue (23G-25mm) and orange (25G- 16mm)	Ready to Use Attach 23G-25mm (blue) needle to syringe. Administer.
Tdap/IPV Booster reduced content (diphtheria, tetanus and pertussis in combination with poliomyelitis antigens).	IPV BOOSTRIX 	Prefilled syringe with Tdap/IPV Provided unattached needle, blue (23G- 25mm)	Ready to Use Attach 25G-25mm needle to syringe. Administer
6 in 1 Vaccine (Diphtheria, Tetanus, Whooping Cough (Pertussis) Hib (Haemophilus influenzae b) Polio (Inactivated poliomyelitis), Hepatitis B)	Infanrix hexa 	10 Prefilled syringes with DTaP/IPV/HepB x1 dose 10 Vials containing Hib powder x 1 dose 20 provided unattached needles orange (25G-25mm)	Reconstitution required: Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change the needle. Administer.
Hib/MenC (Haemophilus influenzae b and Meningococcal C combined vaccine)	Menitorix 	Prefilled syringe with diluent Vial containing Hib/MenC powder 2 provided unattached needles, green (21G-40mm) and blue (23G-25mm)	Reconstitution required: Attach the green needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Replace the green needle with the blue needle. Administer
MenC Vaccine (Meningococcal C Vaccine)	Menjugate 	Prefilled syringe with MenC 2 provided unattached needles, blue (23G-25mm) and orange (25G- 16mm)	Ready to use. Attach 23G-25mm (blue) needle to syringe. Administer




NOTE - VACCINES SHOULD BE RECONSTITUTED AS RECOMMENDED BY THE VACCINE MANUFACTURER.

RECONSTITUTED VACCINES SHOULD NOT BE MIXED IN THE SAME SYRINGE WITH OTHER RECONSTITUTED VACCINES OR WITH OTHER PREFILLED VACCINES

Vaccine Type	Presentation	Contents	Preparation
MMR (Measles Mumps Rubella)	MMRVaxPro 	Prefilled syringe with diluent Vial containing MMR powder 2 provided unattached needles, orange (25G-16mm) and blue (23G-25mm).	Reconstitution required: Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change the needle. Administer
MMR (Measles Mumps Rubella)	Priorix 	10 Prefilled syringes with diluent 10 Vials containing MMR powder 20 provided unattached needles- 2x dose, orange (25G-25mm)	Reconstitution required: Attach needle to syringe. Insert contents of prefilled syringe into vial. Mix and then draw back into syringe. Change the needle. Administer
PCV (Pneumococcal Conjugate Vaccine)	Prevenar 13 	10 Prefilled syringe with PCV 10 provided unattached needles, orange (25G-25mm)	Ready to use. Attach needle to syringe. Administer
Rotavirus oral vaccine	Rotarix 	Oral suspension in a squeezable tube x10 (polyethylene) fitted with a membrane and a tube cap. Ready to use. Oral use. Do not inject.	Ready to use. Pull off the cap and flick the top of the tube until it is clear of any liquid. Hold the tube upright and turn the cap upside down (180°) - see the small spike inside the top of the cap Turn the cap upside down (180°), press the cap down to pierce the membrane then lift off the cap- there should be a hole at the top of the tube Position the child to give the vaccine sat and leaning slightly backwards Squeeze the liquid gently into the side of the child's mouth - towards the inside of their cheek. (squeeze the tube a few times to get all of the vaccine out) - it is okay if a drop remains in the tip of the tube.

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RECONSTITUTED VACCINES SHOULD NOT BE MIXED IN THE SAME SYRINGE WITH OTHER RECONSTITUTED VACCINES OR WITH OTHER PREFILLED VACCINES

Vaccine Type	Presentation	Contents	Preparation
4 in 1 Vaccine Booster against diphtheria, polio, tetanus and whooping cough (pertussis)	Tetravac 	1 prefilled syringe 1 provided unattached needle blue (23G-25mm)	Ready to use. Attach needle to syringe. Administer.
HPV vaccine Human Papilloma Virus	Gardasil 9 	1 prefilled syringe 2 provided unattached needles orange (25G-16mm) and blue (23G-25mm).	Ready to use. Attach needle blue (23G-25mm) to syringe. Administer
MenACWY vaccine Meningococcal C and types A, W and Y	Nimenrix 	1 pre-filled syringe with solvent 1 vial with MenACWY powder 2 provided unattached needles, blue (23G-25mm) and orange (25G- 16mm).	Reconstitution required: Attach the needle to the syringe Add the entire content of the pre-filled syringe of solvent to the vial containing the powder Shake well and then draw back into syringe. Change the needle.

NOTE - VACCINES SHOULD BE RECONSTITUTED AS RECOMMENDED BY THE VACCINE MANUFACTURER.

RECONSTITUTED VACCINES SHOULD NOT BE MIXED IN THE SAME SYRINGE WITH OTHER RECONSTITUTED VACCINES OR WITH OTHER PREFILLED VACCINES

A national survey of parents' views on childhood vaccinations in Ireland

Louise Marron, Annamaria Ferenczi, Katie M. O'Brien, Suzanne Cotter, Lucy Jessop, Yvonne Morrissey, Chantal Migone
June 2021 Vaccine 41 (25): 3740-3754

A cross-sectional, national survey of parental attitudes towards childhood vaccination for children aged 0 to 48 months was conducted between June and August 2021 (N = 855).

The study showed that there is a strongly positive sentiment towards childhood vaccinations among parents of children aged 0 to 48 months in Ireland with high uptake and strong belief in the importance and safety of vaccines.

Belief in the importance and safety of vaccines was high, 94.4 % of parents agreed that vaccines are important and 89.2 % agreed that vaccines are safe.

Official sources of information were trusted, with particular trust in healthcare professionals and HSE vaccination information highlighting the importance of trusted healthcare professionals in the provision of vaccine information to parents.

Vaccine information for parents should focus on vaccine safety and public health action should be taken to build trust and engage communities in order to increase and sustain the uptake of childhood vaccines delivered as part of the national childhood primary immunisation programme in Ireland.



For more information, [read the full article at ScienceDirect.](#)

Website



[Visit our website](#)

Visit our website www.immunisation.ie regularly for information to support vaccinators and health professionals responding to queries.

HSeLanD Vaccination Training Programme



[Visit HSeLanD](#)

You will find programmes developed by our office by logging into your account on www.hseland.ie selecting **courses** then selecting **clinical skills** and finally selecting **National Immunisation Office**.



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

Do you have queries?



[Send your query](#)

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

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

- email pharmacynio@hse.ie
- Leah Gaughan: mobile 087 1881667
- Achal Gupta: mobile 087 4064810
- Cliona Kiersey: mobile 087 9915452

If you have a query about errors or changes to records on COVAX, please contact the Contact Management Programme on 01 240 8786.

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



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