


HSE NATIONAL IMMUNISATION OFFICE

IMMUNISATION BULLETIN 57

THIS EDITION COVERS

- New recommendations from the National Immunisation Advisory Committee (NIAC) regarding precautions for use of Nuvaxovid
- Updated recommendations from NIAC regarding the contraindications and precautions for use of mRNA COVID-19 vaccines
- FAQ: Can LAIV vaccine be administered to children living with someone who is immunocompromised?
- #KnowPneumo Pneumococcal Vaccine campaign

The National Immunisation Advisory Committee: New recommendations

 Relevant medicines protocols, HSE training and other supporting materials are being updated to reflect these recent changes to NIAC recommendations.

The National Immunisation Advisory Committee (NIAC) immunisation guidelines were updated on 28th October 2022 to advise of a new precaution for use of Nuvaxovid:


For those with a previous history of myocarditis or pericarditis after any COVID-19 vaccine, specialist advice from a Cardiologist should be sought. It is now known there is an increased risk of myocarditis and pericarditis following vaccination with Nuvaxovid. These conditions can develop within a few days after vaccination and have primarily occurred within 14 days. The European Medicines Agency concluded that the overall benefit risk remains favourable.

Available data suggest that the course of myocarditis or pericarditis following vaccination is not different from myocarditis or pericarditis in general. The frequency of myocarditis and pericarditis after Nuvaxovid cannot be estimated from the available data.

Myocarditis and pericarditis may present with

- chest pain
- shortness of breath
- palpitations
- fatigue

Most patients respond well to standard treatment, and the prognosis is good. However, it can occasionally progress to dilated cardiomyopathy and chronic heart failure. Healthcare professionals should be aware of the signs and symptoms of myocarditis and pericarditis. Vaccine recipients should be advised to promptly seek medical attention if they develop acute and persisting chest pain, palpitations or shortness of breath in the days after vaccination. Healthcare professionals should consult applicable guidance and consult a cardiologist for advice on management. Symptoms suggestive of myocarditis or pericarditis after the Nuvaxovid vaccine should be reported to the HPRA.

 Report to HPRA [here](#).
Read SmPC for Nuvaxovid [here](#).
Read EMA report [here](#).

NIAC also updated their advice with respect to the contraindications and precautions for use of mRNA COVID-19 vaccines:

- A previous history of myocarditis after administration of an mRNA vaccine has been amended from a contraindication to a precaution.
- Precaution: NIAC now advise that any person with a history of myocarditis or pericarditis after any COVID-19 vaccine should be referred to a cardiologist for advice before proceeding with any further COVID-19 vaccination.

 See updated NIAC Chater 5a COVID-19 [here](#).

FAQ: Can LAIV vaccine be administered to children living with someone who is immunocompromised?

The NIAC guidelines advise that “Children who live with severely immunosuppressed persons requiring isolation (e.g. post haematopoietic stem cell transplant) should not receive the Quadrivalent Live Attenuated Influenza (LAIV) nasal vaccine”.

This is a precautionary measure.

As the vaccine viruses are cold adapted, they cannot replicate efficiently at body temperature. Millions of doses of LAIV have been administered in the US for over 10 years and serious illness amongst immunocompromised contacts inadvertently exposed to vaccine virus has never been observed.

Any child living with a person who is immunocompromised by treatment or disease may have the LAIV vaccine unless the person has to live in total isolation room.

 Read more [here](#).

#KnowPneumo Pneumococcal Vaccine campaign

This month the National Immunisation Office (NIO) launches #KnowPneumo a social and digital campaign to raise awareness about pneumococcal disease and encourage uptake in at-risk groups.

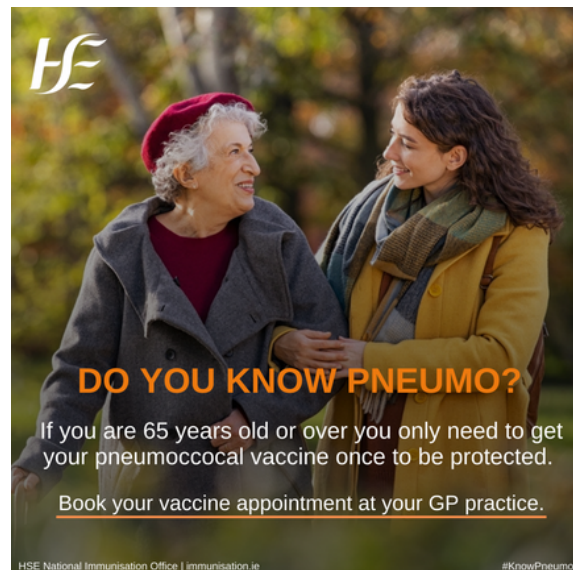
Pneumococcal disease, or pneumo, can affect anyone at any time in the year but we usually see most cases during the winter months.

For some people pneumococcal disease can be dangerous – it can lead to serious problems like pneumonia and meningitis. It is responsible for 50% of pneumonia cases in the community. Older people are more likely to suffer serious long-term health problems from pneumo and can even die. Getting the pneumococcal vaccine is the best way to protect yourself from pneumo.

The pneumococcal vaccine PPV23 is recommended for:

- People aged 65 and over
- People with a weakened immune system
- People with certain long-term conditions

Everyone aged 65 and over only needs to get the vaccine **once** to be protected. You can get the vaccine at your GP practice.



Learn more about the pneumococcal vaccine [here](#).

Website

Visit website [here](#).

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

HSeLanD Vaccination Training Programme

Visit HSeLanD [here](#).

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**.

Contact HSeLanD [here](#).

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

Do you have queries?

Send your query [here](#).

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:

- Cliona Kiersey: mobile 087 9915452

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

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