

# National Immunisation News

The newsletter of the HSE National Immunisation Office

April 2017

## HPV vaccine catch up opportunity for girls in second level school

HPV vaccination is cancer prevention.

The HSE vaccination teams are now visiting schools to provide the second dose of the HPV vaccine. If girls missed out on the first dose of HPV vaccine in September they can now start the HPV vaccine schedule. Parents are urged to protect their daughters against cervical cancer by ensuring they receive HPV vaccine.

Information leaflets misinterpreting vaccine pharmacovigilance data on Gardasil HPV vaccine give false information on vaccine side effects and continue to be distributed to parents by groups and advertised in some local papers. The NIO continues to work with all key stakeholders to correct this misinformation.

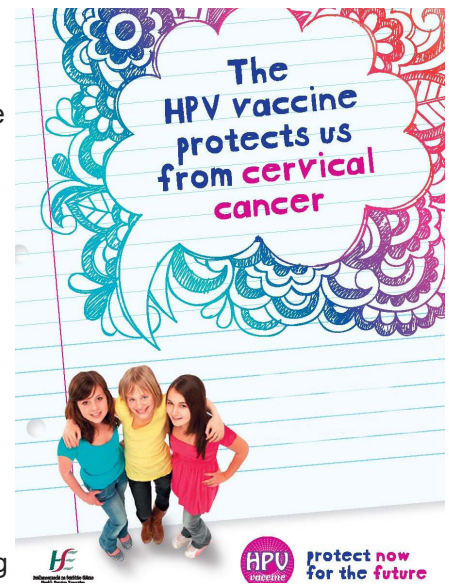
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[www.immunisation.ie](http://www.immunisation.ie)

Worldwide and in Ireland, scientific evidence has shown the overwhelming majority of side effects after HPV vaccine are mild conditions commonly seen when teenagers are vaccinated. There has been no increase in the rates of any serious long term condition including autoimmune diseases and chronic fatigue syndrome in vaccinated girls.



In Australia, where the vaccine programme commenced in 2007, the HPV vaccine has prevented 1 in every 2 cervical cancers and up to 75% of precancers.

The President of the Royal College of Physicians of Ireland, Professor Frank Murray strongly urges all health professionals to promote HPV vaccine. **“We, as healthcare providers, must collectively inform parents about the benefits of this vaccine and recommend that they consent to having their daughters vaccinated to protect them from becoming cancer patients in future years”**  
<https://www.rcpi.ie/news/releases/doctors-strongly-recommend-that-parents-have-their-daughters-vaccinated-against-the-hpv-virus-to-protect-from-cervical-cancer/>

For more information see [www.hpv.ie](http://www.hpv.ie)

### Measles outbreaks in Europe

Measles outbreaks are ongoing in Romania, Italy, Austria and Germany.

In Romania there have been more than 3000 cases of measles and 17 deaths reported since September 2016. Cases have also been reported in Belgium and Italy that have been epidemiologically linked to the current outbreak in Romania.

Last year's national outbreak with 40 confirmed measles cases was linked to one case in an older child who travelled from Romania. As summer approaches, there is increased travel between Ireland and mainland Europe so there is a greater risk of measles to non-immunised individuals going to Europe particularly Romania.

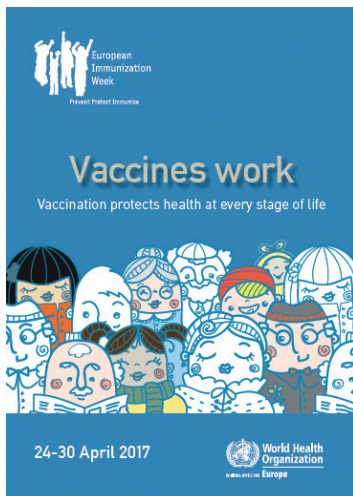
Children from migrant (and marginalised) communities are at greater risk of non or incomplete immunisation.

## Vaccination with MMR vaccine is the only way to protect against measles.

Two doses of MMR are required for children and adolescents who are not vaccinated, or are not sure of their vaccination status.

For more information see <http://ecdc.europa.eu/en/publications/Publications/27-02-2017-RRR-Measles-Romania,%20European%20Union%20countries.pdf>

## European Immunization Week - Vaccines work



This year, European Immunization Week takes place from 24-30 April 2017. The World Health Organization initiative provides an opportunity for countries and individuals to promote the importance and public health benefits of vaccines.

The theme for this year is "Vaccines Work" and a number of media events are planned.

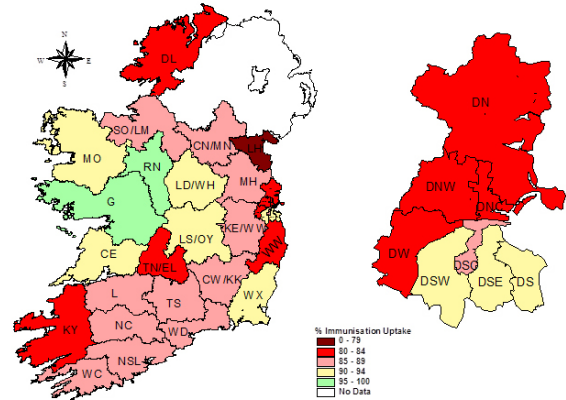
In this era of "fake news" it is even more important that we all continue to promote the value of vaccination.

For more information see <http://www.euro.who.int/en/media-centre/events/events/2017/04/european-immunization-week-2017/news/news/2017/3/european-immunization-week-2017-promotes-a-life-course-approach-to-immunization>

## Vaccine uptake rates still below target for MenC vaccine

Immunisation uptake rates at 24 months for Quarter 3 2016 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 booster and PCV3 91% and MenC3 only 87%.

## MenC3 immunisation uptake rates (%) by LHO, at 24 months of age in Quarter 3 2016



Source: HPSC

**Please remind parents the best way to protect their baby from Meningococcal C (and the other serious diseases) is to complete the FIVE vaccine visits on time**

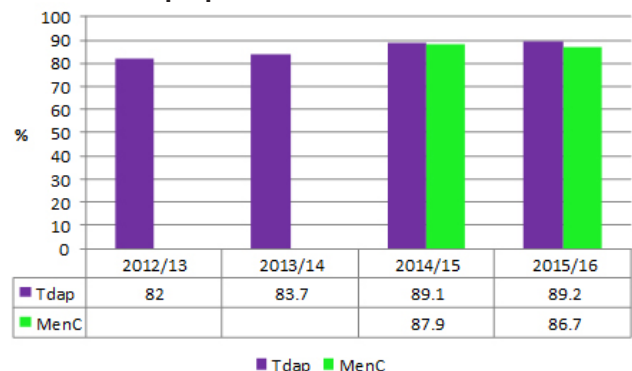
Check out your local area uptake rates at <http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/Immunisationuptakestatisticsat12and24monthsofage/>

## Adolescent MenC and Tdap vaccine uptake

All First year students are offered a booster dose of MenC and Tdap vaccines to maintain immunity from serious infectious diseases.

Uptake of both vaccines was above 85% in 2015/16 but has not reached the 95% target.

## MenC and Tdap uptake 2012/13 to 2015/16



Source: HPSC

The highest rate of meningococcal disease occurs in children under 5 years of age but there is a second peak of cases in young people aged 15-19 years.

**Please remind parents the adolescent boosters are the best way to protect their teenager from Meningococcal C (and the other serious diseases).**

## Timing of primary childhood immunisations

We have had a number of queries about the timing of the primary childhood immunisations.

Starting the primary vaccines:

- The optimal age is 2 months and not 8 weeks
- The minimum age is 6 weeks minus 4 days – taking the 4 day rule into account.

NOTE: Vaccines should only be given earlier in exceptional circumstances.

Interval between the 1st and 2nd (2 and 4 month) 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](http://www.immunisation.ie) and <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf>

## The flu season 2016/2017 – not over yet

The flu season continues until the end of April 2017 so all those in the at risk groups who have not had the vaccine should be encouraged to get the vaccine.

This particularly includes pregnant women and those who are newly diagnosed in the at risk groups.

Please do not send back any unused flu vaccine until after May 1st 2017.

Note: Although some batches do not expire until 31/08/2017 they should also be returned once the 2016/2017 flu season is over.

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter11.pdf>

## Tdap vaccine in pregnancy

Pertussis cases have been reported in babies less than 6 months of age (too young to be fully vaccinated).

Tdap should be offered as early as possible after **16 weeks and up to 36 weeks** gestation in each pregnancy, to protect pregnant women and their infants.

Tdap can also be given at any time in pregnancy after 36 weeks gestation although it may be less effective in providing passive protection to the infant.

Tdap should be offered in the week after delivery to those women who were not vaccinated during their pregnancy.

## Temporary changes to packaging of Boostrix (Tdap) and Menjugate (prefilled) MenC vaccines

GSK experienced a temporary shortage of Boostrix and a shipment of Norwegian packaged Boostrix was distributed during January and February. **Each dose was banded with a PIL in English. The pharmaceutical components of this vaccine are the same as those in the Irish packaged product.**

There is also a temporary shortage of Meningococcal C vaccine - Menjugate (MenC) supplied by GSK.

To maintain supply of this essential vaccine, GSK has temporarily secured supply of Menjugate (MenC) for the HSE from France and Spain and this is currently being distributed.

This product is in different packaging in French or Spanish but **each dose is banded with a PIL in English. The pharmaceutical components of this vaccine are the same as those in the Irish packaged product.**

There are no changes to the way these products should be used i.e. in accordance with the Guidelines for Staff School Immunisation Programme 2016/17 and the Guidelines for Vaccinations in General Practice 2016.

## Fridge spring clean

**To avoid vaccination errors, never leave expired vaccines in your fridge.**

In May,

- remove unused flu vaccines from the fridge
- remove all other expired vaccines
- place them in a box store in a secure convenient place
- complete vaccine returns form available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/gpvacreturn.pdf>
- return these vaccines to the National Cold Chain Service driver at your next delivery

**Expired vaccines should never be put into a sharps bin.**

## Vaccine returns service

Please return all vaccines once they have expired.

Over 90% of sites have used the returns service.

In 2016

- 6,348 doses were returned from 251 sites which had expired for more than 6 months (mainly childhood vaccines and Pneumovax)
  - o 5 doses expired in 2010 (6 years out of date!)
  - o 9 doses expired in 2011
  - o 21 doses expired in 2012
  - o 155 doses expired in 2013
  - o 1,075 doses expired in 2014
  - o 4,693 doses expired in 2015



## REMEMBER

“If a vaccine is given after the last day of expiry month there may be a reduced immune response and that dose should be disregarded. A further dose should be given 1 month later.”

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf>

## Batch numbers

**Which batch number and expiry date should be recorded for reconstituted vaccines?**

**Hib, MMR and 6in1 vaccines** come as a vial containing powder and a prefilled syringe. The vial and syringe each have a batch number and expiry date.

When these vaccines are reconstituted the correct batch number and expiry date to be used is on the **outside of the box** and on the **peel off label** on the vial or syringe.

## Common queries about rotavirus oral vaccine

Since the introduction of the rotavirus oral vaccine there have been a number of queries to the NIO. Some of these are outlined below.

**Can the infant of a woman who has been treated with an immunomodulator during pregnancy receive the rotavirus vaccine?**

There is no contraindication to giving rotavirus oral vaccine to a baby whose mother has been treated with an immunomodulator while pregnant.

**Is a history of autoimmune disease a contraindication to rotavirus oral vaccine?**

A family history of autoimmune disease is not a contraindication to the rotavirus oral vaccine.

**Why do I need to ask about diseases in the baby's family that affect the immune system?**

This question is asked to discover if there is a family history of **immunodeficiency diagnosed in early childhood** requiring bone marrow transplant.

A family history of immunosuppression due to other diseases e.g. carcinoma or treatment is not a

contraindication to rotavirus vaccine.

**What should you do if rotavirus vaccine was spat out?**

If more rotavirus oral vaccine was spat out rather than swallowed, a single replacement dose should be given straight away.

If the baby spits out more than 10-15 minutes after the initial vaccine, then it is considered absorbed and a replacement dose is not needed.

- If the regurgitation takes place during the clinic visit, give a replacement dose
- If the baby has left the clinic room, no replacement dose is required

**Should a baby with a history of intussusception in a sibling have the rotavirus oral vaccine?**

Intussusceptions may be idiopathic or associated with underlying diseases.

In those with idiopathic intussusception, familial occurrence is rare however all siblings of a child who has had an intussusception are at a slightly higher risk of having an intussusception themselves. Familial occurrence of intussusception as a complication of recognisable familial underlying diseases, such as cystic fibrosis, has also been reported.

The NIAC immunisation guidelines do not include a family history of intussusception in a sibling as a contraindication or a precaution to receiving the rotavirus oral vaccine.

See further information at frequently asked questions on the new vaccine schedule available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/faqshp2016.pdf>

## REMEMBER

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

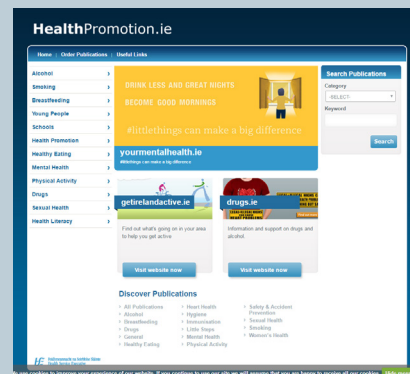
**If a baby is 8 months and 0 days of age or older then they should NOT receive any dose of rotavirus oral vaccine because of the slightly increased risk of intussusception.**



## ORDER INFORMATION MATERIALS

Visit [www.healthpromotion.ie](http://www.healthpromotion.ie) today to order our immunisation information materials. You will find our materials in the immunisation section.

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

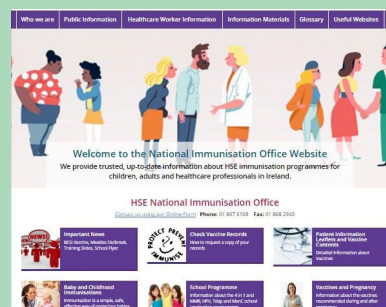


## VISIT OUR WEBSITE

Our website [www.immunisation.ie](http://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.



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

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[www.immunisation.ie](http://www.immunisation.ie)

# Current Vaccines List

## Updated April 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         |
| Rota    | ROTARIX       | GSK          | 10        |
| Hib     | HIBERIX       | GSK          | 1         |

### Adult Vaccines

| Vaccine      | Product Name | Manufacturer | Pack Size |
|--------------|--------------|--------------|-----------|
| Td           | DITE BOOSTER | SSI          | 5         |
| Pneumococcal | PNEUMOVAX 23 | MSD          | 1         |

### Vaccines Used By HSE

| Vaccine    | Product Name    | Manufacturer | Pack Size |
|------------|-----------------|--------------|-----------|
| Tuberculin | TUBERCULIN 2 TU | SSI          | 10        |
| 4 in 1     | INFANRIX-IPV    | GSK          | 1         |
| 4 in 1     | IPV-BOOSTRIX    | GSK          | 10        |
| MMR        | PRIORIX         | GSK          | 10        |
| MMR        | MMR Vax Pro     | MSD          | 1         |
| Tdap       | BOOSTRIX        | GSK          | 1         |
| HPV        | GARDASIL        | MSD          | 1         |
| MenC       | MENJUGATE       | GSK          | 1         |

### Restricted Vaccines Requiring Authorisation

| Vaccine       | Product Name           | Manufacturer   | Pack Size |
|---------------|------------------------|----------------|-----------|
| Hepatitis A   | AVAXIM                 | Sanofi Pasteur | 1         |
| Hepatitis A   | HAVRIX Junior Monodose | GSK            | 1         |
| Hepatitis B   | ENGERIX (adult)        | GSK            | 1         |
| Hepatitis B   | ENGERIX (paediatric)   | GSK            | 1         |
| Hepatitis B   | FENDRIX                | 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 Pasteur | 1         |
| MenACW135Y    | MENVEO                 | GSK            | 1         |