



September 2019

National Immunisation News

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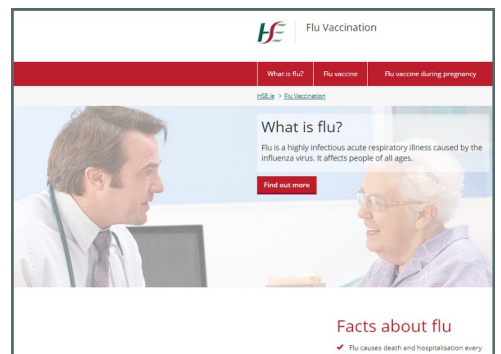
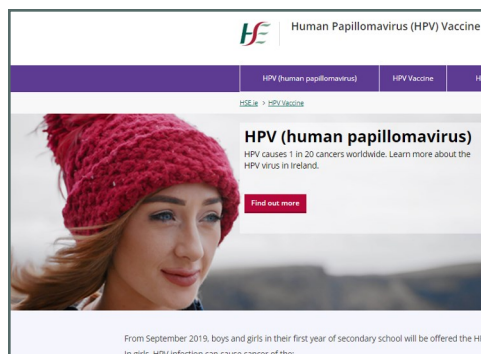
Laura Brennan

The National Immunisation Office would like to express our immense gratitude to the Brennan family for Laura.

The courage, determination and generosity of Laura Brennan in unflinching supporting the HSE HPV vaccine programme to protect young girls from cervical cancer until the very last day of her life and together with her family beyond her death will always be remembered. <http://bit.ly/2klaoXx>



Please visit our websites regularly to ensure you have the most up to date information about immunisation. www.immunisation.ie For information about HPV please visit www.hpv.ie and Flu visit www.hse.ie/flu



These are the only Irish websites accredited by the World Health Organization (WHO) as credible sources of vaccine information.

Gardasil 9 vaccine School Immunisation Programme

Following the result of a health technology assessment (HTA) by the Health Information and Quality Authority (HIQA) and on the recommendation of the Department of Health the HPV vaccine programme will be extended to include all students in 1st year of second level school in September 2019.

HIQA also recommended that the HPV immunisation programme should change to a HPV 9 vaccine programme stating that a gender neutral HPV 9 vaccine programme would be more effective than a girls-only HPV 9 vaccine programme.

Gardasil 9 provides protection against seven oncogenic HPV types 16, 18, 31, 33, 45, 52, and 58. These seven HPV types are causative organisms in almost 90% of cervical cancers. Types 6 and 11 are causative organisms in 90% of genital warts.

The HPV virus can cause a range of pre-cancerous lesions – abnormal cells – in both men and women. The HPV virus causes:

- Almost all cervical cancers
- 9 out of 10 vulval cancers
- 8 out of 10 vaginal cancers
- 9 out of 10 HPV-related anal cancers
- 9 out of 10 incidences of genital warts.

Research has shown HPV infection is also associated with cancers of:

- oropharynx
- anus
- penis

It is estimated that changing from HPV4 (Gardasil) vaccine - which protected against two oncogenic HPV types 16, 18, girls only programme to a gender neutral programme administering HPV9 (Gardasil 9) vaccine could prevent 112 deaths from HPV attributable cancers annually.

The HPV vaccine is being recommended for boys because:

HPV vaccination of boys provides direct protection against HPV-related disease to boys. Unlike cervical precancers there is no screening test available for oropharyngeal, anal or penile cancers in men. More than 75% of oropharyngeal cancers diagnosed in Ireland attributed to HPV are diagnosed in men.

Vaccinating boys will provides greater protection to women. Universal vaccination for boys and girls will prevent further cervical cancer in women by community immunity and will be likely to reduce the overall burden of HPV related malignancy sooner than would a girls only programme.

A gender neutral programme ensures that the vaccine programme is more robust in relation to potential short term fluctuations in uptake.

Protection of vulnerable groups Extension of the HPV vaccine programme to include boys will likely greatly improve protection against HPV infection and associated HPV-attributable



disease in vulnerable groups e.g. men who have sex with men (MSM) and migrant populations.

Strong recommendations from GPs, Practice nurses, Pharmacists and other health professionals help parents consent to HPV vaccine for their children. Please continue to promote HPV vaccine to prevent cancer.

The National Immunisation Office has produced an e-learning module on the new HPV vaccine programme for healthcare professionals. General practice and HSE staff can access the module at HSEland and we would encourage you to use the module to support you to communicate and explain the new programme to parents and the public.

MenACWY vaccine School Immunisation Programme



In 2019 the National Immunisation Advisory Committee (NIAC) recommended that the MenACWY vaccine be given to all students in 1st year of second level education to protect them against invasive meningococcal disease caused by meningococcus types C, W, Y and A

As part of the national immunisation programme during this academic year the 1st year second level cohort will be offered MenACWY replacing MenC vaccine booster. This will be administered during the second/third term at the same time as the second dose of HPV vaccine is due. MenACWY vaccine is being introduced in

Ireland because of an increase in cases of invasive meningococcal disease caused by serogroups W and Y. Between 2015 and 2018, 36 serogroup W and 20 serogroup Y cases were reported. Prior to 2015 an average of two cases for each serogroups was reported each year.

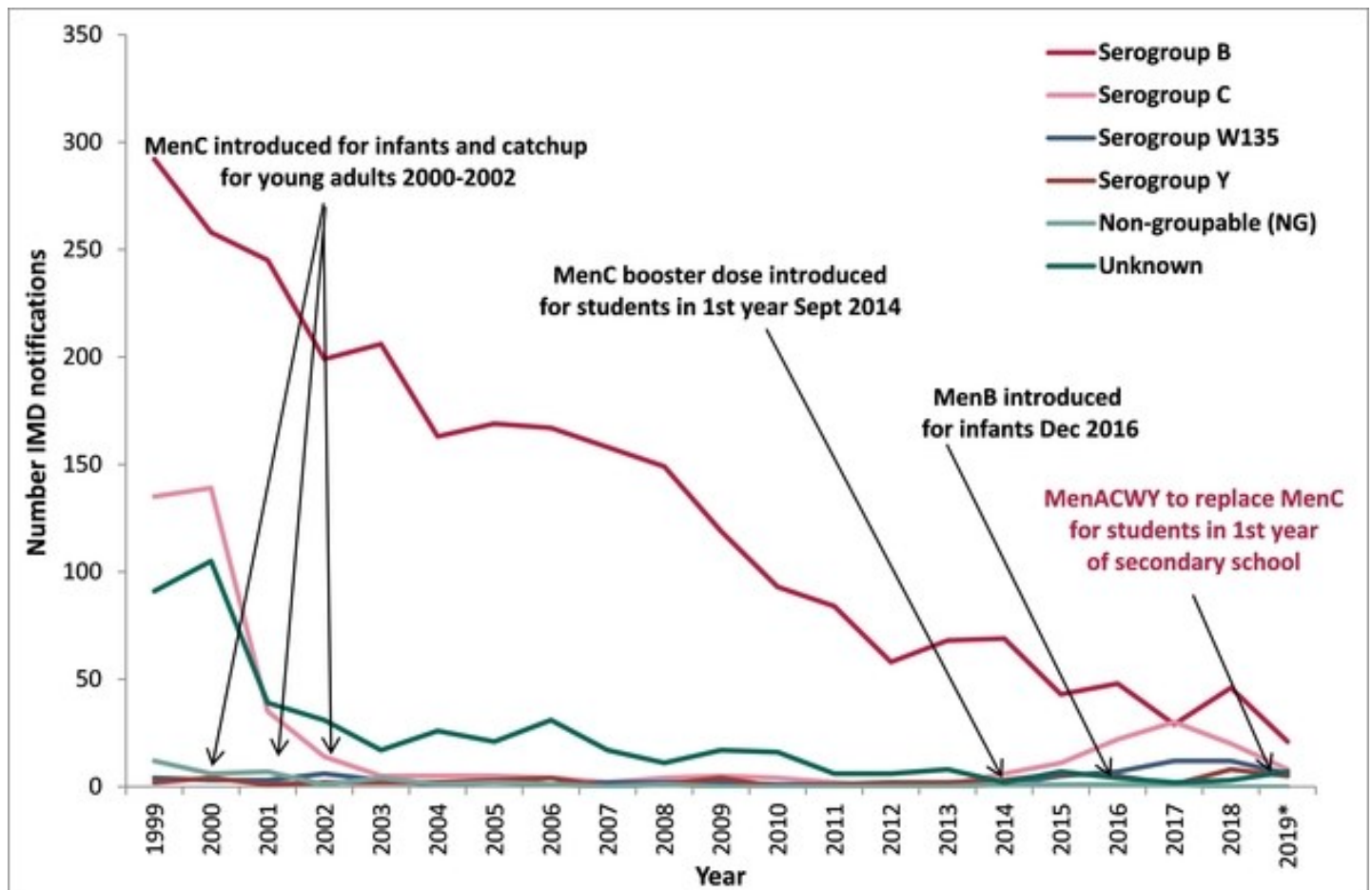


Figure 1 Meningococcal notifications, by serogroup and year, 1999-2019 (as of 27/06/2019) and meningococcal vaccination programmes introduced over time. Information is available on the HPSC website.

Following a rapid increase in cases of Men W, MenACWY vaccine was introduced for adolescents in UK in 2015 and in the Netherlands in 2018.

The HSE continues to raise awareness of the signs and symptoms of meningococcal disease and to emphasise the importance for children to receive the available recommended meningococcal vaccines to protect them from the meningococcal disease commonest in Ireland.

Seasonal Flu Vaccine Campaign 2019/2020



The World Health Organization (WHO) has recommended that seasonal influenza vaccines for the 2019/2020 season (Northern Hemisphere winter) contain:

- A/Brisbane/02/2018 (H1N1) pdm09-like virus;
- A/Kansas/14/2017 (H3N2)-like virus;
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage). <https://bit.ly/2NinBu4>

The flu vaccine for 2019/2020 HSE flu Campaign is Quadrivalent Inactivated Influenza vaccine (Split Virion) BP manufactured by Sanofi Pasteur. The vaccine is delivered in packs of prefilled syringes with attached needles.

Seasonal influenza vaccine is strongly recommended for:

- Persons aged 65 and over
- Pregnant women (vaccine can be given at any stage of pregnancy)
- Residents of nursing homes and other long stay Institutions
- People in regular contact with pigs, poultry or water fowl
- Adults and children aged 6 months and older with a long-term health condition such as:
- Chronic heart disease, including acute coronary syndrome
- Chronic liver disease
- Chronic renal failure
- Chronic respiratory disease, including chronic obstructive pulmonary disease, cystic fibrosis, moderate or severe asthma or bronchopulmonary dysplasia
- Chronic neurological disease including multiple sclerosis, hereditary and degenerative disorders of the central nervous system
- Diabetes mellitus
- Down syndrome
- Haemoglobinopathies
- Morbid obesity i.e. body mass index over 40
- Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction and cancer patients

Children aged 6 months and older with:

- Any condition that can compromise respiratory function especially in those attending special schools/day centres (e.g. cognitive dysfunction, spinal cord injury, seizure disorder, other neuromuscular disorder)
- Neurodevelopmental disorders such as cerebral palsy and intellectual disability
- On long-term aspirin therapy (because of the risk of Reyes syndrome)

Healthcare workers:

- Medical, nursing and allied health professionals including those working in residential disability services
- Medical, Nursing and allied health students
- Hospital porters and Hospital cleaners
- Dental personnel
- Ambulance personnel
- Carers, home helps and household contacts of people with increased medical risk
- All GP practice staff
- Agency staff that fall into the above categories.

People in the at-risk groups and healthcare workers should be vaccinated in September/October but can be vaccinated up until the end of April 2020.

Common Queries about the flu vaccine programme

Q. Can people with egg allergy have flu vaccine?

A. Those with confirmed egg anaphylaxis and non-anaphylactic egg allergy can be given an influenza vaccine with an ovalbumin content <0.1 micrograms per dose. Sanofi Pasteur Quadrivalent Influenza Vaccine (split virion, inactivated) contains less than 0.1 micrograms ovalbumin per dose and so can be administered in accordance with the Table 11.2 below

Table 11.2 Inactivated influenza vaccination of those with egg allergy

History	Recommendation
Non-anaphylactic egg allergy without severe asthma (BTS/ SIGN <4)	Seasonal influenza vaccine with ovalbumin content <0.1 micrograms per dose, in primary care, with observation for 60 minutes
Egg anaphylaxis or egg allergy and severe asthma (BTS/ SIGN ≥4)	Refer to hospital specialist for vaccination with seasonal influenza vaccine with ovalbumin content <0.1 micrograms per dose. Skin testing is <u>not</u> necessary and vaccine should be given as a single dose with observation for 60 minutes

<https://bit.ly/31GWjDN>

Q. Does Sanofi Pasteur Quadrivalent Influenza Vaccine (split virion, inactivated) contain latex

A. Sanofi Pasteur Quadrivalent Influenza Vaccine (split virion, inactivated) does not contain latex (natural rubber).

Q. Do pregnant women who received a dose of the 2018-19 flu vaccine but are still pregnant, require a dose of the 2019-20 vaccine as well?

A. Yes, the flu vaccine changes every year to provide protection against the strains that are predicted to be circulating. Women who are still pregnant in the 2019-20 flu vaccine season should receive a dose of the 2019-20 vaccine regardless of whether or not they were vaccinated in the 2018-19 season.

Further information about the influenza vaccination campaign is available www.hse.ie/flu

Additional details can be found in the Influenza chapter of the Immunisation Guidelines for Ireland which is available at <https://bit.ly/2iiKQpE> Please see page 7 for information materials ordering.

Pneumococcal Polysaccharide Vaccine (PPV23)

This vaccine (Pneumovax23) contains purified polysaccharide from 23 of the most common capsular types of streptococcus pneumoniae. This vaccine is recommended for those aged 65 years and older and at risk adults and children over 2 years of age. <https://bit.ly/2KmnSMI>

How many doses are required?

Those aged 65 years and older who have never previously received PPV23 require one dose only. No further doses are required regardless of immune status. A once only booster vaccine is recommended 5 years after the first vaccine for those who received a previous dose of PPV23 at less than 65 years of age.

Those less than 65 years of age one booster vaccine is recommended 5 years after the first PPV23 vaccine for those whose antibody levels are likely to decline rapidly e.g. asplenia, hyposplenism, immunosuppression (including HIV infection), chronic renal disease, nephrotic syndrome or renal transplant.

PPV23 may be given at the same time as influenza vaccine but at a different site. As there is considerable overlap in the target groups for both vaccines, it is appropriate to offer the PPV23 to patients (if indicated) when they attend for their influenza vaccine.

No interval is required if both vaccines are not given on the same day.

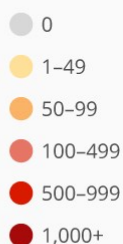
Measles outbreaks in Europe

The National Immunisation Advisory Committee (NIAC) recommendations from August 2018 for MMR for children travelling to regions like Europe where there are ongoing measles outbreaks remain in place.

In May 2019 the Dept of Public Health introduced payment for vaccine administration when MMR is being given as a travel vaccine to a child before 12 months of age. Your local Dept. of Public Health should have been in contact with you about outbreak codes for payment.

Europe Still Struggling With Major Measles Outbreak

Measles cases in Europe from January 2018 to August 2018



@StatistaCharts Source: World Health Organization

statista

The Department of Public Health did not make a decision to introduce payment for MMR when given to children older than one year when travelling. The MMR vaccine is available free from the Cold Chain for all children. MMR is effective two weeks after administration.

NIAC recommended that any child who has received just one dose of MMR vaccine should receive a second dose at least 28 days after the first dose of vaccine and ideally at least 2 weeks prior to travel. Vaccination with 2 doses of MMR vaccine is the only way to protect against measles.

Information Materials

We provide information materials for all of our immunisation campaigns. You can order information materials for your patients and your staff from www.healthpromotion.ie.

We encourage you to register an account for your practice so you can order information materials for your staff and patients. Please follow the how to guide available from <http://bit.ly/InfoMats>

Social Media

Are you following us on Twitter?
Our handle is [@HSEImm](https://twitter.com/HSEImm)

Join the conversation by using our campaign hashtags

- #ProtectOurFuture for HPV related content
- #YourBestShot for Flu related content
- #VaccinesWork



National Immunisation Office Staff

- Dr Lucy Jessop, Director of Public Health to the National Immunisation Office
- Dr Tom Barrett, Senior Medical Officer
- Dr Chantal Migone, Specialist in Public Health Medicine
- Ms Cliona Kiersey, Chief Pharmacist
- Ms Kerry Ryder, General Manager
- Ms Mary Dowling, Business Manager
- Ms Vicky McKenna, National Administrator School Immunisation System
- Ms Yvonne Morrissey, Communications Manager
- Mr Peter Darcy, Information Officer

If you have a query please contact us at immunisation@hse.ie

Primary Childhood Vaccines

Vaccine	Product Name	MAH	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/MenC	MENITORIX	GSK	1

Other Vaccines

Vaccine	Product Name	MAH	Pack Size
Flu	Quadrivalent Influenza Vaccine, (Split Virion, inactivated)	Sanofi Pasteur	10
Pneumococcal	PNEUMOVAX 23	MSD	1
Td	DITE BOOSTER	AJ Vaccines	5
Tdap	BOOSTRIX	GSK	1

Vaccines Used By HSE

Vaccine	Product Name	MAH	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
HPV9	GARDASIL 9	MSD	1
MenC	MENJUGATE	GSK	1

Restricted Vaccines Requiring Authorisation

Vaccine	Product Name	MAH	Pack Size
Hepatitis A	HAVRIX JUNIOR	GSK	1
Hepatitis A	HAVRIX ADULT	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 A+B	TWINRIX (adult)	GSK	1
Hepatitis A+B	TWINRIX (paediatric)	GSK	1
Hib	HIBERIX	GSK	1
Hib	Act-Hib	Sanofi Pasteur	1
Tdap/IPV	IPV-BOOSTRIX	GSK	1
Td/IPV	REVAXIS	Sanofi Pasteur	1
MenACWY	NIMENRIX	Pfizer	1