

Some Common Queries regarding Vaccination and Changes to the Primary Childhood Immunisation Programme

Please consult the Immunisation Guidelines for Ireland 2008 edition – available from <http://www.immunisation.ie> for further guidance.

If you wish to discuss further or have any other queries please contact the National Immunisation Office, email mary.dowling2@hse.ie or by telephone 01 8676108 or fax 01 8682943

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<p>STATISTICS/DATA Where can I find information on uptake figures nationally/internationally?</p>	<p>National immunisation uptake statistics are available on the Health Protection Surveillance Centre website www.hpsc.ie Uptake figures for the UK and Northern Ireland are available on the Health Protection Agency website http://www.hpa.org.uk/infections/topics_az/vaccination/vac_cover.htm International figures are available on the World Health Organisation website http://www.who.int/en/</p>
<p>NEW IMMUNISATION SCHEDULE Why was the new immunisation schedule introduced in September 2008?</p> <p>Are there different forms for new schedule?</p> <p>If parents don't want 6 in 1 can they have the old schedule?</p> <p>What do we do if parents do not want 3 injections at the one time - which one should be delayed?</p> <p>What should happen when a child due the old schedule is given the new schedule at 2 months?</p>	<p>Pneumococcal disease is more common in the winter months so it is important to introduce the vaccines prior to next winter season Prior to the implementation of the new schedule vaccine procurement, health professional training and the production and distribution of new information materials were required Immunisation uptake statistics are calculated on a quarterly basis so any changes need to be introduced at the start of a quarter. In this instance the new schedule commenced for children born in Quarter 3, (July 2008 onwards) as all the systems to ensure a robust programme were then in place.</p> <p>Yes, the new GP notification form is a 2-part perforated form in Green, 1, 2, 3rd visit on one form, 4th & 5th visit on 2nd part form. Practices that use computerised forms can continue to do so, but need to distinguish between old schedule, 5:1 & new schedule 6:1.</p> <p>GPs will have limited stocks of 5 in 1 vaccine available to complete immunisations for children on the old schedule i.e. children born on or before 30th June 2008. All parents with children born on or after July 1st 2008 should be encouraged to accept the 6 in 1 vaccine.</p> <p>UK experience was that very few parents or vaccine administrators had issues with 3 vaccines given at the same time. It is important to let parents know well in advance that there will be 3 vaccines given at the 6 month visit. PCV should be given in one leg and the other two vaccines in the other, 2.5 cms apart with careful documentation of same. We recommend that vaccination is carried out in accordance with the National Guidelines in order to protect children as early as possible.</p> <p>Any child born before 1st July 2008 should receive the old schedule. If they are inadvertently given the new schedule at 2 months they should revert to old schedule at 4 and 6 months (5 in 1 and Men C). In addition they will need a single dose of Men C. This could be given at 7 months</p>

<p>INTERVALS BETWEEN VACCINATIONS/SCHEDULING ISSUES</p> <p>Should the first three vaccines in the primary immunisation schedule given at 2 month or at 8 week intervals?</p> <p>What intervals do you need to leave between two different vaccines</p> <p>What interval is required between immunoglobulin and live vaccines?</p> <p>What is the recommendation regarding children who have had chicken pox in the last couple of weeks prior to their vaccination</p>	<p>The 2008 Immunisation guidelines for Ireland state that 2 calendar months is the recommended interval between routine childhood vaccines so a child born on July 1st 2008 is due their first three vaccines on September 1st 2008, November 1st 2008 and January 1st 2009.</p> <p>If the first vaccine is given at 8 weeks of age the second and third vaccines should be given when the child reaches 4 months and 6 months of age</p> <p>The following table outlines recommended time intervals between different vaccines</p> <table border="1" data-bbox="667 499 2022 767"> <thead> <tr> <th>Antigen Combination</th> <th>Recommended minimum interval between doses.</th> </tr> </thead> <tbody> <tr> <td>Two or more killed antigens e.g. 6 in1, PCV, Men C</td> <td>No minimum; may be administered simultaneously or at any time interval between doses</td> </tr> <tr> <td>Killed and live antigens e.g. BCG and 6 in 1</td> <td>No minimum; may be administered simultaneously or at any time interval between doses</td> </tr> <tr> <td>Two or more live antigens e.g. MMR and BCG</td> <td>Four- week minimum interval if not administered simultaneously;</td> </tr> </tbody> </table> <p>Human Normal Immunoglobulin (HNIG) may interfere with the immune response to live vaccines. Live vaccines should not therefore be given from 3 weeks before to at least 3 months after injection of HNIG. The exceptions to this are yellow fever. BCG and oral polio vaccine if given as a booster dose</p> <p>There is no longer a minimum interval for immunisation post chicken-pox infection. These children should receive vaccine as per schedule provided that they are well on the day of vaccination. However, scarred skin areas should be avoided.</p>	Antigen Combination	Recommended minimum interval between doses.	Two or more killed antigens e.g. 6 in1, PCV, Men C	No minimum; may be administered simultaneously or at any time interval between doses	Killed and live antigens e.g. BCG and 6 in 1	No minimum; may be administered simultaneously or at any time interval between doses	Two or more live antigens e.g. MMR and BCG	Four- week minimum interval if not administered simultaneously;
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<p>BCG</p> <p>What is a normal reaction to BCG?</p> <p>A child has had the 5in 1 but missed the BCG. Could they still</p>	<p>The expected reaction to a successful BCG vaccination seen in 90-95% of recipients is redness at the injection site followed by a local lesion, which starts as a papule two or more weeks after vaccination. It may ulcerate and then slowly subside over several weeks or months to heal leaving a small flat scar. It may also include enlargement of a regional lymph node to less than 1cm.</p> <p>Yes. BCG can be given at the same time as any killed vaccine therefore it can be administered simultaneously with the 5 in 1 or 6 in 1 or can be given at any time interval between 2 doses of 5 in 1 or 6 in 1.</p>								

<p>have the BCG?</p> <p>Is there any consideration of the possibility of discontinuing BCG vaccination and more active follow up of contacts of TB cases as a means of more effective TB control/prevention? What is the current evidence</p> <p>What is the efficacy of the BCG vaccine?</p>	<p>The WHO guidelines recommend that BCG can be discontinued when certain criteria are fulfilled. These include a well functioning TB control programme and a rate of TB meningitis in children under age 5 should be less than one case per 10 million general population over the previous 5 years. Ireland does not currently meet these criteria and so BCG is recommended for all newborn children.</p> <p>BCG vaccine is effective in preventing the childhood forms of TB i.e. TB meningitis and miliary (disseminated TB) and is less efficacious in preventing adult TB.</p>
<p>PERTUSSIS</p> <p>What vaccines are available for children whose parents do not want them to have a pertussis containing vaccine?</p>	<p>The 5 in 1 and the 6 in 1 vaccines are the only licensed childhood vaccines recommended for routine primary childhood immunisation. Both contain pertussis</p> <p>Neither Revaxis (Td/IPV) or diTe(Td) booster contains pertussis. However, both contain low dose diphtheria, are not suitable for primary immunisation and are not licensed for such use.</p>
<p>HEPATITIS B</p> <p>Is there a catch up programme for Hepatitis B?</p> <p>Do children need to have Hepatitis B antibody test after vaccinations?</p> <p>What gap should there be between the 6 in 1 vaccine?</p> <p>What vaccinations should babies of Hepatitis B infected mothers</p>	<p>No. Parents of children born before 30th June who wish to have their children vaccinated and can choose to have their children immunised privately. If the children are in an "at risk" group vaccines are provided through the Cold Chain service</p> <p>No. The majority of children will not require a blood test after vaccination. The antibody test is only required for babies born to mothers who are Hepatitis B Virus infected. These babies should have a blood test at 12 months of age to determine their status and post-vaccination response.</p> <p>The minimum intervals between the doses of 6 in 1 vaccine (containing Hepatitis B) are as follows</p> <ul style="list-style-type: none"> • 4 week interval between 1 and 2 vaccinations • 8 weeks interval between the 2nd and 3rd vaccinations. Also there should be a 16 week interval between 1st and 3rd vaccinations. <p>Babies born to mother who are HBV infected (HBsAg positive) should receive both hepatitis B immunoglobulin (HBIG) and Hepatitis B vaccine at birth. These babies should have their routine 6 in 1</p>

<p>receive?</p> <p>If a child born to a Hepatitis B infected mother receives hepatitis B vaccine at 0 & 1 month, when should they receive 6 in 1?</p>	<p>vaccines at 2, 4 and 6 months and a blood test at 12 months of age to determine their status and post-vaccination response.</p> <p>These children should continue to receive the routine schedule which includes the 6 in 1 vaccine at 2, 4 and 6 months.</p>
<p>PNEUMOCOCCAL CONJUGATE VACCINE (PCV)</p> <p>What are the intervals between doses of PCV?</p>	<p>The minimum intervals between the doses of PCV are as follows</p> <ul style="list-style-type: none"> • 4 week interval between 1 and 2 vaccinations • 8 weeks interval between the 2nd and 3rd vaccinations. <p>The 3rd dose can only be given when the child reaches 12 months of age.</p>
<p>HIB VACCINE</p> <p>Have the recommendations for HIB vaccine changed?</p>	<p>Yes. Hib vaccine was previously recommended up to 4 years of age.</p> <p>The new guidelines recommend that all children aged 1-10 years who have never received Hib vaccine should be given 1 dose.</p>
<p>MENINGOCOCCAL VACCINE</p> <p>Why is there no Men C catch-up campaign?</p> <p>Should children who have not had a Men C vaccine as part of the primary immunisation scheme be vaccinated?</p> <p>Is a child who gets Men C (3rd dose) at 12 months (rather than at 13 months) complete for Men C?</p>	<p>Following a review of the epidemiology of meningococcal C disease in Ireland, NIAC did not recommend a Men C catch-up as to date there is no evidence of Men C vaccine failures. This contrasts with the Hib catch-up campaign which was recommended as there was evidence of a number of Hib vaccine failures</p> <p>Yes-Men C vaccine is recommended up to 22 years of age</p> <p>Yes - this will complete the Men C component of this child's schedule.</p>
<p>MMR VACCINE</p> <p>What vaccine should be given for women detailed as non-immune to rubella?</p>	<p>Give MMR - no single rubella vaccine has been licensed in this country for many years. Pregnancy should be avoided for 1 month after receipt of MMR vaccine</p>

<p>If an adult has had mumps can they be given MMR?</p> <p>Why is egg allergy no longer a contraindication for MMR?</p> <p>Is it appropriate to check for measles/mumps/rubella antibodies after the first MMR if parent refuses the second MMR?</p> <p>Should the MMR2 be given earlier than presently as a school booster?</p>	<p>Yes they can be given MMR vaccine. Pregnancy should be avoided for 1 month after receipt of MMR vaccine</p> <p>Children with egg allergy should have MMR vaccine. Recent data suggests that anaphylaxis to MMR vaccine is not associated with hypersensitivity to egg antigens but to other components of the vaccine. As egg allergy is not a contraindication to MMR vaccination, egg free MMR is not recommended by the National Immunisation Guidelines.</p> <p>No. It is not recommended practice to check for measles/mumps/rubella antibodies after the first MMR as the results of these tests may not be reliable. This would offer parents a false sense of security that their children are protected when they might not be. Having a blood test is also an unpleasant experience for a child.</p> <p>The parent should be advised that 2 doses of MMR are required to provide good protection against measles, mumps and rubella as only 99% of those vaccinated respond to the first dose. The reason why the parent is refusing to have their child vaccinated should be fully explored and fears about vaccination allayed</p> <p>In some European countries the MMR2 is given at 18 months of age. In Ireland the MMR2 is currently given as a school booster for practical administrative reasons.</p>
<p>PNEUMOCOCCAL CATCH-UP PROGRAMME</p> <p>Are parents receiving a letter to tell them when to bring their child for the PCV catch up?</p> <p>What is the schedule for the PCV catch-up campaign?</p> <p>If a child born between March 2008 and June 2008 receives PCV at 6 or 8 months is this child complete for PCV?</p>	<p>The pneumococcal catch-up campaign is coordinated centrally via National Immunisation Office. A media campaign requesting parents to bring their child to the GP according to the call schedule below is running locally and nationally.</p> <p>This campaign will advise parents of children in specific age cohorts to attend their GP for immunisation. Individual invitation letters will not issue to parents.</p> <p>Children born between 2.9.06 - 31.7.07 - anytime before 31st December 2009 (1 vaccination) Children born between 1.8.07 and 29.2.08 - when they reach 13 months of age. (1 vaccination) Children born between 1.3.08 and 30.6.08 - at 6 and 13 months of age. (2 vaccinations).</p> <p>No. This child requires a PCV vaccine at 13 months</p>

<p>How do I record consent for the PCV catch-up?</p> <p>Can MMR, Hib and PCV be given at the same visit?</p> <p>Is a PCV catch up vaccine given at 12 months valid?</p> <p>What about children over 2 years of age whose parents want PCV?</p> <p>If a child born before July 1st 2008 is an asthmatic and is recommended to have PCV by his GP, is this vaccine free of charge?</p> <p>If a child is in the birth cohort for the PCV catch up and comes late for vaccination i.e. over 2 years should they be vaccinated</p>	<p>The vaccinator is responsible for ensuring that the parent gives informed consent to the child receiving any vaccination. It is up to each practice to capture consent in whichever way they feel is appropriate. Consent is not included on the return form as we do not need to see it. If practices wish to devise a written form for the parent to sign there is a sample form in the Appendix of the Immunisation contract.</p> <p>The recommended schedule is to give MMR and Hib at 12 months and the PCV catch up at 13 months. However all three vaccines can be given at the same visit</p> <p>Yes this is a valid vaccination.</p> <p>The National Immunisation Advisory Committee recommended a PCV catch up campaign for children up to 2 years of age.</p> <p>If a child is in at risk group PCV is recommended up to 5 years of age and the schedule in outlined in national guidelines. In addition these children will also require 23 valent polysaccharide vaccine (PPV23). Otherwise as per NIAC guidance there is no need for healthy children over 2 to receive vaccine. .</p> <p>If the child has severe asthma requiring continuous or frequently repeated use of systemic steroids then they would be in the "at risk" group and as such be entitled to receive PCV vaccine free of charge. However like flu vaccine the administration would be free if they have a GMS card and if not they would have to pay for vaccine administration.</p> <p>Yes. If the child's date of birth falls within the cohort for which the PCV catch up is recommended then this child should be vaccinated even if this child is over 2 years of age</p>
<p>PREMATURE BABIES</p> <p>What schedule should be followed for premature babies?</p>	<p>Preterm babies are more vulnerable when exposed to infections than term babies. Therefore it is important that routine vaccinations start when the baby is 2 months of age irrespective of gestational age of the baby. In some instances these babies may start their vaccinations whilst still in hospital. BCG vaccination should also be given to preterm infants prior to their discharge from hospital</p>

<p>LATE STARTER/INTERRUPTED SCHEDULE</p> <p>What schedule should be followed for a late starter or those with an interrupted schedule?</p> <p>What should happen if a parent is sure her child got its 3rd 5 in 1 but neither the GP practice nor HSE system has any record of this?</p>	<p>Interrupted courses of immunisation do not need to be repeated and the child should be given their overdue vaccines based on their date of birth (i.e. born on or after 1st July 2008 - new schedule, born before 1st July 2008 - old schedule).</p> <p>The schedule for late entrants is outlined in Appendix 1</p> <p>If there is no record of the child having the 3rd 5 in 1 then they should be given it. Parents should be advised to watch out for swelling and redness at the injection site.</p>
<p>VACCINES FOR CHILDREN WHO HAVE COMMENCED IMMUNISATION IN ANOTHER COUNTRY</p> <p>How should one deal with children who have been partially immunised with a schedule from another country?</p>	<p>Unless there is a reliable vaccine history, individuals should be assumed to be unimmunised and a full course of immunisation planned. Individuals coming to Ireland partway through their immunisation schedule where there is a reliable immunisation history should be transferred to the Irish schedule and immunised as appropriate for age.- there is no need to repeat or restart course.</p> <p>If a child is in an at-risk group then the appropriate vaccinations should be provided free.</p> <p>If the child is not in an at-risk group and has received vaccines that are not part of the Irish schedule, parents who wish to complete those courses must source vaccine privately. A listing of vaccine schedules in other countries is available at http://www.who.int/vaccines/globalsummary/immunization/scheduleselect.cfm or http://www.ssi.dk/graphics/euvac/vaccination/vaccination.html</p>
<p>THIOMERSAL</p> <p>Do vaccines contain Thiomersal?</p>	<p>None of the products currently being supplied for the primary childhood immunisation schedule in Ireland contain thiomersal.</p>
<p>OUT OF DATE VACCINES</p> <p>How significant is a slightly out of date vaccine?</p>	<p>Vaccines that are given past their expiry date are not deemed to be valid vaccines and should be repeated. These vaccines are outside the terms of their licence agreement and their effectiveness cannot be guaranteed. If the child is not revaccinated the child will be deemed to have defaulted from that particular vaccine</p>

<p>VACCINATION OF CHILDREN WHO HAVE ACQUIRED DISEASE NATURALLY Should you still vaccinate a child who has had Hib disease, measles, pertussis etc.?</p>	<p>Yes these children should receive their full vaccination course The Immunity induced by vaccines is greater and lasts longer than that following infection with the disease. A full course of vaccinations should be carried out.</p>
<p>INFLUENZA VACCINE Is it a good idea for nursing staff to get the flu vaccine each year, and if you get it one year do you need to continuing getting it each year?</p>	<p>Influenza immunisation for healthcare workers is recommended both for their own protection and in particular for the protection of their patients. Influenza is a highly contagious illness and can result in serious respiratory complications to which older people and certain risk groups are more susceptible. Immunisation of healthcare workers caring for elderly in long stay institutions has been shown to reduce illness in residents. The viruses that cause influenza change their surface antigens regularly so a new vaccine is required each year. Each year the WHO recommends the composition of the influenza vaccine for that year. The composition of the vaccine is determined by data collected worldwide on surveillance of influenza</p>
<p>CONSENT Should written consent be obtained from parents? Will the consent forms be standardised for the whole country?</p>	<p>Yes. Consent should be obtained before immunisation. The parent should be given sufficient information about the vaccines and the diseases that they protect against in order to give informed consent. The consent form should be signed prior to the vaccines being administered. This provides a permanent record that consent has been given. Yes. The National Immunisation Office is currently working on standardising all immunisation forms and leaflets.</p>
<p>NATIONAL REGISTER FOR IMMUNISATION Will the National IT System be the answer to an increased uptake?</p>	<p>The National Immunisation Registry is not expected to improve uptake but rather the completeness, timeliness, accuracy and reliability of uptake statistics. Having said that the registry is expected to have a call/recall facility which should assist in presentation for immunisation. The system should also facilitate the follow up and targeting of clients in uptake black spots. The National Immunisation Registry should improve uptake statistics by:</p> <ol style="list-style-type: none"> 1. Increasing timeliness of immunisation events reporting and entry onto the registry with the introduction of electronic returns from general practitioners. (GP returns are currently manual and time delays occur) 2. Removing client record duplicates which currently exist within and between databases. (currently children may and do have partial live records on more than one immunisation database and may be recorded as incomplete in both)

	<p>3. Reducing numbers of clients lost to follow up. (Client movement around the country and disjointed databases means that it is easy for a child to be lost before the completion of immunisation schedule).</p>
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APPENDIX 1: LATE STARTER

Disease	Vaccines	Age 1-5th birthday	Age >5years-10th birthday	Age > 10years-15th birthday	Adults 15 years and over
Tuberculosis	BCG	BCG can be given- Mantoux testing may be necessary	BCG can be given- Mantoux testing may be necessary	BCG can be given- Mantoux testing is necessary	BCG not usually recommended
Diphtheria Tetanus Pertussis Polio Hib	4 in1/ 5 in1 / Td Td/IPV Hib	1 dose of 5 in 1 (DTaP/IPV/Hib) + 2 doses of 4 in 1 (DTaP/IPV) at 1 month intervals + Booster of 4 in 1 should be given at least 3 years after primary course + Td should be given at 12-14 years Children aged 1-<10 years who never received Hib vaccine should be given 1 dose	3 doses of 4 in 1 (DTaP/IPV) at 1 month intervals + Booster of 4 in 1 should be given at least 3 years after primary course + Td should be given at 12-14 years Children aged 1-<10 years who never received Hib vaccine should be given 1 dose	3 doses of Td/IPV at 1 month intervals + Booster dose of Td 5 years after primary course and again 10 years later	3 doses of Td/IPV at 1 month intervals + Booster dose of Td 5 years after primary course and again 10 years later
Pneumococcal disease	PCV	1 dose of PCV if aged under 2 years			
Measles Mumps Rubella	MMR	If under 4 years 1 dose followed by routine school booster otherwise 2 doses separated by one month	2 doses separated by one month	2 doses separated by one month	If indicated give 2 doses separated by one month
Meningococcal disease	Men C	1 dose Men C	1 dose Men C	1 dose Men C	1 dose Men C – recommended up to 22 years of age