

## Some Common Queries regarding Vaccination

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](mailto:mary.dowling2@hse.ie) or by telephone 01 8676108 or fax 01 8682943

<b>Table of Contents</b>	<b>PAGE</b>
STATISTICS/DATA	3
CURRENT PRIMARY CHILDHOOD IMMUNISATION SCHEDULE	3
INTERVALS BETWEEN VACCINATIONS/SCHEDULING ISSUES	4
BCG	4
PERTUSSIS	5
HEPATITIS B	5
PNEUMOCOCCAL CONJUGATE VACCINE (PCV)	6
HIB VACCINE	6
MENINGOCOCCAL VACCINE	6
THREE INJECTIONS AT SIX MONTHS	6
MMR VACCINE	7
PNEUMOCOCCAL CATCH-UP PROGRAMME	7
PREMATURE BABIES	7
INTERRUPTED SCHEDULE	7
VACCINES FOR CHILDREN WHO HAVE COMMENCED IMMUNISATION IN ANOTHER COUNTRY/LATE ENTRANTS	8
THIOMERSAL	8
VACCINATION OF CHILDREN WHO HAVE ACQUIRED DISEASE NATURALLY	8
INFLUENZA VACCINE	8
CONSENT	9
NATIONAL REGISTER FOR IMMUNISATION	9

<p><b>STATISTICS/DATA</b> 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 <a href="http://www.hpsc.ie">www.hpsc.ie</a> Uptake figures for the UK and Northern Ireland are available on the Health Protection Agency website <a href="http://www.hpa.org.uk/infections/topics_az/vaccination/vac_cover.htm">http://www.hpa.org.uk/infections/topics_az/vaccination/vac_cover.htm</a> International figures are available on the World Health Organisation website <a href="http://www.who.int/en/">http://www.who.int/en/</a></p>																											
<p><b>CURRENT PRIMARY CHILDHOOD SCHEDULE</b> What is the current immunisation schedule?</p>	<p>The recommended childhood immunisation schedule for all children born after July 1st 2008 is outlined in the table below</p> <table border="1" data-bbox="669 432 2020 780"> <thead> <tr> <th>Age</th> <th>Where</th> <th>Vaccination</th> </tr> </thead> <tbody> <tr> <td>At birth</td> <td>Hospital/HSE clinic</td> <td>BCG</td> </tr> <tr> <td>2 months</td> <td>GP</td> <td>6 in 1 + PCV</td> </tr> <tr> <td>4 months</td> <td>GP</td> <td>6 in 1 + Men C</td> </tr> <tr> <td>6 months</td> <td>GP</td> <td>6 in 1 + Men C + PCV</td> </tr> <tr> <td>12 months</td> <td>GP</td> <td>MMR + PCV</td> </tr> <tr> <td>13 months</td> <td>GP</td> <td>Men C + Hib</td> </tr> <tr> <td>4-5 years</td> <td>School /GP</td> <td>4 in 1 + MMR</td> </tr> <tr> <td>11-14 years</td> <td>School</td> <td>Td</td> </tr> </tbody> </table> <p>BCG = Bacille Calmette-Guerin 6 in 1 = Diphtheria/Tetanus/Whooping Cough (Pertussis)/Haemophilus Influenza B /Polio/Hepatitis B PCV = Pneumococcal Conjugate Vaccine Men C = Meningococcal C MMR = Measles/Mumps/Rubella Hib =Haemophilus Influenzae B 4 in 1 = Diphtheria/Tetanus/Whooping cough (Pertussis)/ Td = Tetanus/low dose Diphtheria</p>	Age	Where	Vaccination	At birth	Hospital/HSE clinic	BCG	2 months	GP	6 in 1 + PCV	4 months	GP	6 in 1 + Men C	6 months	GP	6 in 1 + Men C + PCV	12 months	GP	MMR + PCV	13 months	GP	Men C + Hib	4-5 years	School /GP	4 in 1 + MMR	11-14 years	School	Td
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<p><b>INTERVALS BETWEEN VACCINATIONS/SCHEDULING ISSUES</b></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>What happens if a child receives a vaccine that is given after its expiry date?</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 1<sup>st</sup> 2008 is due their first three vaccines on September 1<sup>st</sup> 2008, November 1<sup>st</sup> 2008 and January 1<sup>st</sup> 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><b>The following table outlines recommended time intervals between different vaccines</b></p> <table border="1" data-bbox="667 544 2020 810"> <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> <p>If a vaccine is given after its expiry date this vaccine may not offer adequate protection and therefore should be disregarded. A further dose should be given one month later. Vaccines containing diphtheria and tetanus may result in an increase in local reactions and parents should be informed of this</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><b>BCG</b></p> <p>What is a normal reaction to BCG?</p>	<p>The expected reaction to a successful BCG vaccination seen in 90-95% of recipients is redness at the</p>								

<p><b>A child has had the 6in 1 but missed the BCG. Could they still have the BCG?</b></p> <p><b>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</b></p> <p><b>What is the efficacy of the BCG vaccine?</b></p>	<p>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 6 in 1 or can be given at any time interval between 2 doses of 6 in 1.</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><b>PERTUSSIS</b></p> <p><b>What vaccines are available for children whose parents do not want them to have a pertussis containing vaccine?</b></p>	<p>The 6 in 1 vaccine is the only licensed childhood vaccines recommended for routine primary childhood immunisation and contains pertussis. Neither Revaxis (Td/IPV) nor 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><b>HEPATITIS B</b></p> <p><b>Is there a catch up programme for Hepatitis B?</b></p> <p><b>Do children need to have Hepatitis B antibody test after vaccinations?</b></p>	<p>No. Parents of children born before 1<sup>st</sup> July 2008 who wish to have their children vaccinated can choose to have their children immunised privately.</p> <p>If the children are in an "at risk" group as per the National Immunisation Guidelines 2008, Hepatitis B vaccines can be ordered from the National 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><b>What gap should there be between the 6 in 1 vaccine?</b></p> <p><b>What vaccinations should babies of Hepatitis B infected mothers receive?</b></p> <p><b>If a child born to a Hepatitis B infected mother receives hepatitis B vaccine at 0 &amp; 1 month, when should they receive 6 in 1?</b></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"> <li>• 4 week interval between 1 and 2 vaccinations</li> <li>• 8 weeks interval between the 2nd and 3<sup>rd</sup> vaccinations. Also there should be a 16 week interval between 1<sup>st</sup> and 3<sup>rd</sup> vaccinations.</li> </ul> <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 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><b>PNEUMOCOCCAL CONJUGATE VACCINE (PCV)</b></p> <p><b>What are the intervals between doses of PCV?</b></p>	<p>The minimum intervals between the doses of PCV are as follows</p> <ul style="list-style-type: none"> <li>• 4 week interval between 1 and 2 vaccinations</li> <li>• 8 weeks interval between the 2nd and 3<sup>rd</sup> vaccinations.</li> </ul> <p>The 3<sup>rd</sup> dose can only be given when the child reaches 12 months of age.</p>
<p><b>HIB VACCINE</b></p> <p><b>Have the recommendations for Hib vaccine changed?</b></p>	<p>Yes. Hib vaccine was previously recommended up to 4 years of age.</p> <p>The 2008 Immunisation Guidelines recommend that all children aged 1- &lt;10 years who have never received Hib vaccine should be given 1 dose.</p>

<p><b>MENINGOCOCCAL VACCINE</b>  <b>Why is there no Men C catch-up campaign?</b></p> <p><b>Should children who have not had a Men C vaccine as part of the primary immunisation scheme be vaccinated?</b></p> <p><b>Is a child who gets Men C (3rd dose) at 12 months (rather than at 13 months) complete for Men C?</b></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 23 years of age</p> <p>Yes - this will complete the Men C component of this child's schedule.</p>
<p><b>THREE VACCINES AT SIX MONTHS</b>  <b>What do we do if parents do not want 3 injections at the one time - which one should be delayed?</b></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><b>MMR VACCINE</b>  <b>What vaccine should be given for women detailed as non-immune to rubella?</b></p> <p><b>If an adult has had mumps can they be given MMR?</b></p> <p><b>Why is egg allergy no longer a contraindication for MMR?</b></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>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><b>Is it appropriate to check for measles/mumps/rubella antibodies after the first MMR if parent refuses the second MMR?</b></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. The parent should be advised that 2 doses of MMR are required to provide good protection against measles, mumps and rubella as only 90% 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><b>Should the MMR2 be given earlier than presently as a school booster?</b></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><b>PREMATURE BABIES</b> <b>What schedule should be followed for premature babies?</b></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><b>INTERRUPTED SCHEDULE</b> <b>Does an interrupted schedule need to be repeated?</b></p>	<p>No-Interrupted courses of immunisation do not need to be repeated regardless of the time interval between doses. However, every effort should be made to resume the course as soon as possible</p>
<p><b>What should happen if a parent is sure her child got its 3<sup>rd</sup> 6 in 1 but neither the GP practice nor HSE system has any record of?</b></p>	<p>If there is no record of the child having the 3<sup>rd</sup> 6 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><b>VACCINES FOR CHILDREN WHO HAVE COMMENCED IMMUNISATION IN ANOTHER COUNTRY/LATE ENTRANTS</b></p> <p><b>How should one deal with children who have been partially immunised with a schedule from another country?</b></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. 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 <a href="http://www.who.int/vaccines/globalsummary/immunization/scheduleselect.cfm">http://www.who.int/vaccines/globalsummary/immunization/scheduleselect.cfm</a> or <a href="http://www.ssi.dk/graphics/euvac/vaccination/vaccination.html">http://www.ssi.dk/graphics/euvac/vaccination/vaccination.html</a></p>

<p><b>What vaccines are recommended for late entrants to the Irish Immunisation programme</b></p>	<p>Stocks of 5 in 1 (Diphtheria/Tetanus/ Pertussis/Polio/ Haemophilus Influenza B) vaccine expired on the 31<sup>st</sup> March 2010 so the National Immunisation Advisory Committee is reviewing the recommendations on vaccines for late entrants. Presently each patient should be considered on a case by case basis. Please contact the National Immunisation Office on 01 8676108 should you have any queries</p>
<p><b>THIOMERSAL</b> 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><b>VACCINATION OF CHILDREN WHO HAVE ACQUIRED DISEASE NATURALLY</b> 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><b>INFLUENZA VACCINE</b> 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><b>CONSENT</b> Should written consent be obtained from parents?</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.</p>
<p><b>NATIONAL REGISTER FOR IMMUNISATION</b> 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"><li>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)</li><li>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)</li><li>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).</li></ol>
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