

Guidelines for Asylum seekers/Late entrants to the Irish Health Care Programme

Communicable Disease Screening for Asylum Seekers

Information for GPs, National Guidelines October 2004

IMMUNISATION GUIDELINES (Table 1)

Immunisation Status

Asylum seekers may have no documentation or knowledge of past immunisations. In the absence of information /documentation to the contrary, children should be assumed to be un-immunised and started on a catch up programme. Children under 1 year should be offered the usual primary immunisation schedule of 5 in 1 vaccine (DTaP/IPV/Hib) and Meningococcal C vaccine at 2,4 and 6 months of age.

Accelerated Primary Immunisation

Accelerated primary immunisation is recommended for children who were not immunised in the first year of life.

For children age 1 to under 7 years, this should be the full Irish primary immunisation schedule of:

1 dose of 5 in 1 vaccine (DTaP/IPV/Hib) if aged less than 4 years at 2 month intervals. (otherwise use 4 in 1 vaccine DTaP/IPV), and 2 doses of 4 in 1 vaccine (DTaP/IPV) at 1 month intervals

1 dose of Hib for children 1-4 years (if previous primary vaccination did not include Hib)
Booster of 4 in 1 should be given at least 3 years after the primary course and Td at 12-14 years.

Children of all ages above 12 months should receive 2 doses of MMR as in the Irish schedule; catch up doses of MMR should be separated by at least one month.

1 dose of Meningococcal C vaccine should be offered.

For children aged 7-9 years:

3 doses of 4 in 1 (DTaP/ IPV) at 1 month intervals

2 doses of MMR separated by at least one month should be given

Booster doses of Td should be given at least 3 years after the primary course and ten years later.

1 dose of Meningococcal C vaccine should be offered.

For children aged 10 –14 years:

3 doses of Td/ IPV at 1 month intervals

2 doses of MMR separated by at least one month should be given

Booster doses of Td should be given 10 years after the primary course and again ten years later.

1 dose of Meningococcal C vaccine should be offered.

Adults 15 years and over

3 doses of Td/ IPV at 1 month intervals

Booster doses of Td should be given 10 years after the primary course and again 10 years later. Five doses in total of tetanus toxoid are considered to be sufficient.

Check all women over 15 for rubella immune status. If negative offer MMR or rubella vaccine to non-pregnant women.

Meningococcal C vaccine should be offered as per the national programme (1 dose for children and young adults up to 22 years of age).

Adverse reactions

Children and adults who develop a serious adverse local reaction after vaccine should be individually assessed prior to receiving any additional doses of these vaccines. Adverse reactions should be reported to the Irish Medicines Board as per national procedure. Blood should be taken for tetanus antibody titres as these may provide a marker of previous immunisations.

All primary immunisations, Meningococcal C and MMR vaccines can be given at the same visit.

BCG immunisation is covered under TB screening.

Table 1 Vaccination schedule for late entrants to Irish health care programme

Vaccine	2-12 months	1-4 years	5-9 years	10-14 years	15 years and over
DTaP/Td IPV, Hib	5 in 1, 3 doses 2 months apart	5 in 1, 1 dose followed by 4 in 1, 2 doses 1 month apart	4 in 1 3 doses 1 month apart	Td, IPV 3 doses 1 month apart	Td, IPV 3 doses 1 month apart
MMR	No	2 doses given at least 1 month apart	2 doses given at least 1 month apart	2 doses given at least 1 month apart	See rubella note
*Hep B if negative on screening	3 doses at 0,1 and 6 months	3 doses at 0,1 and 6 months	3 doses at 0,1 and 6 months	3 doses at 0,1 and 6 months	3 doses at 0,1 and 6 months
Men C	3 doses 1- 2 months apart	1 dose	1 dose	1 dose	1 dose up to age 22

****Recommended for asylum seekers from areas of high incidence***

Note: Polio immunisation commenced as OPV can be completed with IPV

Diphtheria Immunisation

Asylum seekers from Eastern Europe and other high-risk areas should be immunised/re-immunised against diphtheria as soon as possible after arrival in Ireland. Children should be immunised as above. Adults over 15 years of age from Eastern Europe should have a booster of Td. For those with no knowledge or evidence of previous immunisation a primary course of 3 doses of Td should be implemented.

Useful Websites:

World Health Organization (WHO). Available at
http://www.who.int/immunization_safety/safety_quality/approved_vaccine_safety_websites/en

[/index.html](#)

http://www.who.int/immunization_monitoring.en/globalsummary/countryprofileselect.cfm

Euvac A European surveillance network for vaccine-preventable infectious diseases.

<http://www.ssi.dk/euvac/>

This document should be read in conjunction with the summary of product characteristics (SPC) issued by each vaccine manufacturer