



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Volume 7, Issue 4

September 2010

Measles Outbreak Wanes: Revert to Routine MMR

The recent measles outbreak disproportionately affected the Traveller community, with a significant number of cases reported originating from this community. In December 2009 the National Outbreak Control Team advised that for the duration of the outbreak MMR was advised for children within the traveller community from 6 months of age.

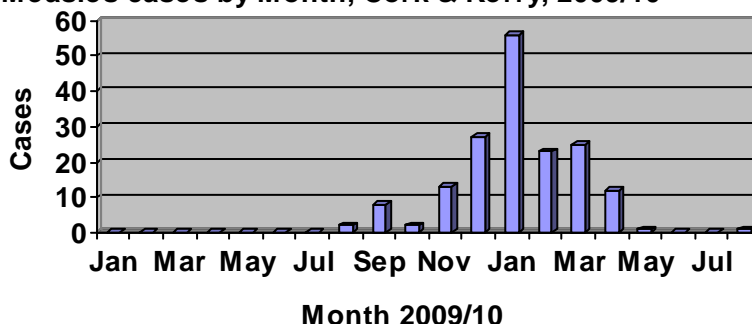
In view of the decrease in measles cases nationally this recommendation is now rescinded and all children should now be given MMR in line with the national schedule, i.e from 12 months of age and a second dose at 4-5 years.

Measles activity down

Measles activity is down all over the country, although some areas are still reporting a small number of cases. In Cork and Kerry only one confirmed case has been notified in the last three months.

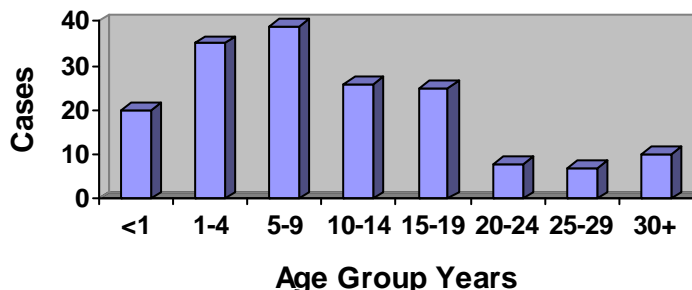
Over the 13 month period, August 2009 to August 2010, 170 cases of measles were notified in Cork and Kerry. The foci of the outbreak were in Kerry (51% of cases) and West Cork (40%). The diagnosis was laboratory confirmed in 67% of cases and 34% of cases were hospitalised. The peak of cases was in January, 2010. Vaccination status was available in 150 cases, of whom 146 (97%) were unvaccinated, 2 were reported to have had one MMR and 2 were reported to have had two MMR.

Measles cases by Month, Cork & Kerry, 2009/10



Twenty cases occurred in children aged under 1 year of age, and 11 (55%) of those were hospitalised. These children are too young for the routine MMR vaccination and are relying on high levels of herd immunity to protect them from exposure to measles.

Measles cases by age group, Cork & Kerry, 2009/10



A number of countries in Europe have continuing outbreaks of measles. Our uptake of MMR (90% for Cork and Kerry) remains below the target of 95%. While we have suboptimal levels of MMR in the general population, or in subgroups of the population, we will continue to be at risk of further outbreaks of measles.

Editor: Dr. Fiona Ryan, Consultant in Public Health Medicine, Department of Public Health, Health Service Executive (HSE) South (Cork & Kerry), Sarsfield House, Sarsfield Rd., Wilton, Cork. Telephone (021) 4927601 Facsimile (021) 4346063 www.immunisation.ie

Childhood Pneumococcal Vaccination and Decline in Disease

The HPSC reported in a recent Epi-Insight (<http://ndsc.newsweaver.ie/epiinsight/2hcrv3ssop5t6pex6po7cd>) that the burden of invasive pneumococcal disease has declined in Ireland since the introduction of the 7-valent pneumococcal conjugate vaccine (PCV7) to the childhood immunisation schedule in September 2008. The PCV7 vaccine contains antigens to 7 of the common pneumococcal serotypes. The incidence of confirmed cases of invasive pneumococcal disease, in all ages, declined by 12% in 2009 compared to the previous year. The incidence of disease due to the serotypes covered by the PCV7 declined by 55% in children under 2 years of age in 2009.

The decline in disease so soon after the commencement of the vaccination programme is very encouraging. New pneumococcal conjugate vaccines have now become available, which cover more serotypes. The existing PCV7 will be replaced by a PCV13 vaccine (containing antigens to 13 of the common pneumococcal serotypes) in the childhood vaccination programme this autumn. This new vaccine will provide protection against a greater number of pneumococcal serotypes.

Late Entrants to Vaccination Programme

Updated recommendations for children and adults who are late entrants to the vaccination programme have been issued by the National Immunisation Advisory Committee. The table below summarises the updated guidelines.

IMMUNISATION SCHEDULE FOR LATE ENTRANTS AUGUST 2010 UPDATE

	4 months to <12 months	12 months to < 4 years	4 years – <10 years	10 years and over
BCG	1 dose	1 dose	1 dose	1 dose (up to 15 years of age if in low risk group or 35 years of age if in specified high risk group)
6 in 1 (DTaP/IPV/Hib/Hep B)	3 doses at 2 month intervals	3 doses at 2 month intervals	3 doses at 2 month intervals	
Men C	2 doses at 2 month intervals	1 dose	1 dose	1 dose (up to 23 years of age)
PCV²	2 doses at 2 month intervals	1 dose (omit if >2 years of age)		
MMR³		1 dose	2 doses at 1 month intervals	2 doses at 1 month intervals
Tdap/IPV				3 doses at 1 month intervals
NOTE	<i>Continue with routine childhood immunisation schedule from 12 months.</i>	<i>Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course, MMR at least 1 month after previous dose]</i>	<i>Continue with routine school immunisations [4 in 1 (DTaP/IPV) at least 6 months and preferably 3 years after primary course]</i>	<i>Boosters of Tdap/IPV 5 years after primary course and Tdap 10 years later</i>

¹ One dose of single Hib vaccine may be given to children over 12 months of age and up to 10 years of age if this is the only vaccine they require

² PCV vaccine should be given to at risk children aged 24-59 months. For schedule for children at risk see detailed recommendations in Immunisation Guidelines

³ The second dose of MMR is recommended routinely at 4-5 years but may be administered earlier. Children vaccinated before their first birthday in the case of an outbreak should have a repeat MMR vaccination at 12 months of age, at least one month after the first vaccine with a further dose at 4-5 years of age. If a child aged <18 months receives a second MMR vaccine within 3 months of the first MMR a third MMR should be given at 4-5yrs of age.