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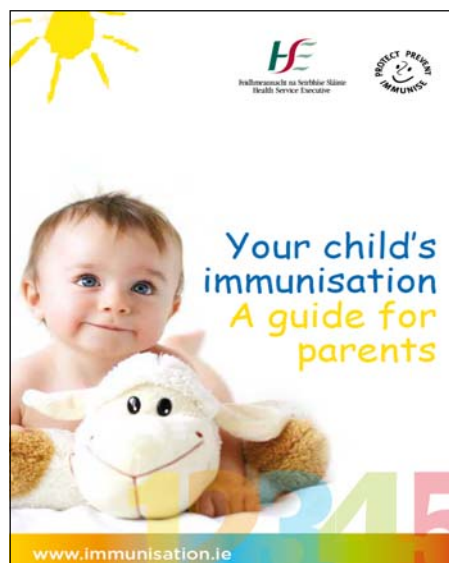
DEPARTMENT OF PUBLIC HEALTH, HSE SOUTH
(CORK & KERRY)

IMMUNISATION FOCUS

NEW IMMUNISATION BOOKLET: YOUR CHILD'S IMMUNISATION, A GUIDE FOR PARENTS

The HSE National Immunisation Office has launched a new guide to the childhood immunisation programme – Your child's immunisation, a guide for parents.

The guide aims to remind parents that five visits to a GP are necessary in the first 13 months of a child's life to ensure that they are fully protected against a range of serious, but preventable, diseases. The guide also stresses the importance and safety of vaccines and has been developed following consultation with parents and health professionals.



The five GP visits message for parents is also supported by other HSE materials, including posters, fridge magnets, and 'immunisation passports' for parents to keep records of what vaccines their children have received.

The guide will be given to parents by their Public Health Nurse on the first post natal visit. Supplies of the booklet and accompanying poster are also being sent to all GP practices by the National Immunisation Office.

The HSE health promotion website (www.healthpromotion.ie) is a very useful website for accessing immunisation and general health promotion leaflets. All of the current HSE immunisation leaflets, including the new immunisation booklet, are available on this website. They can be downloaded or you can order copies to be delivered to you. Health professionals who need to order large quantities should create an account in the professional login section of the website.

FAQ: INTERPRETATION OF RUBELLA SEROLOGY

Q: What action should be taken when a woman, with a recorded history of two MMR vaccine doses, is found to be rubella non immune?

A: Rubella vaccine is a very good vaccine and has been shown to be around 95% effective in preventing infection. Follow up studies indicate that even one dose of vaccine confers long-term, probably lifelong, protection. Satisfactory evidence of protection would include documentation of having received two doses of rubella containing vaccine or a positive antibody test for rubella.

A negative rubella serology test (i.e. reported as rubella non immune) could be due to an insensitive test or a true vaccine failure, as even with two vaccine doses vaccine failure may occur rarely. If there is any doubt regarding the history of two doses a further dose could be given but there is no advantage to any additional doses.

The woman should be told that she is likely to be immune, despite the negative serology. However, she cannot assume that she is immune, as she may be a vaccine failure.

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MEASLES OUTBREAKS SPREAD ACROSS EUROPE

Thirty countries in Europe have reported a marked increase in measles cases, with 6,500 cases so far in 2011. Epidemiological investigations and genotyping by laboratories confirm spread of the virus between several countries in Europe and exportation to other regions of the world. Outbreaks and the further spread of measles are likely to continue so long as people remain unimmunised or do not get immunised on time. An increase in international travel during the summer holidays will further increase the risk of exportation and importation of measles.

Belgium has reported 100 cases of measles up to mid April 2011. The country reported only 40 measles cases in the whole of 2010. France faces the largest outbreak, with 4,937 measles cases officially reported from January to March 2011, a figure almost equal to the total of 5,090 cases reported for the whole of 2010. Other significant outbreaks are taking place in Serbia, Spain (Andalusia and Canary Islands), The former Yugoslav Republic of Macedonia and Turkey.

Following the national outbreak of measles in Ireland in 2009-2010 we continue to see a small number of cases of measles. Nationally 29 cases have been reported up to the end of April compared to 335 for the same period last year. There have been no confirmed cases in Cork and Kerry so far this year.

Measles remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. Travel increases the risk for exposure to measles virus and its further spread into susceptible populations. The uptake of MMR vaccine remains suboptimal (89% for Quarter 4, 2010 in Cork and Kerry). Therefore, there are children in this area who are non-immune and susceptible to measles. Children holidaying in Europe this summer may be exposed to measles. It is important that all children are protected by two doses of MMR at 12 months and 4-5 years.

HIB DISEASE IN CORK & KERRY

Young children are most at risk of invasive Hib disease. The incidence fell dramatically following the introduction of Hib vaccine in 1992. In 2002-2003 a small increase in Hib disease was noted nationally in unvaccinated children aged <5 years, indicating transmission of the organism to susceptible children. In late 2004 and 2005 an increase was also seen in fully vaccinated children, thought to be due to waning immunity. A catch-up booster vaccination of all children aged 12-47 months, and the addition of routine Hib booster vaccine at 13 months was introduced in November 2005.

Figure 1 shows the number of Hib cases in Cork and Kerry for the last 10 years. While the numbers are small the effect of the Hib booster is still evident. In 2003 there were four cases in <5 year olds, three of whom were unvaccinated. In 2004 and 2005 there were six cases in this age group, four of whom were fully vaccinated. Since the campaign (commenced in November 2005) and the introduction of the routine booster dose there have been only four cases in this age group, three in 2006 and one in 2008, all of whom were incompletely vaccinated or unvaccinated.

It is important that children continue to receive their Hib booster at 13 months to ensure long-term protection against Hib disease.

