



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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## Vaccines given before the due date

It has come to the attention of the local immunisation offices that, in a small number of cases, either Hib booster or MMR vaccines have been given before the first birthday. The US recommendation on this issue is as follows:

*"Vaccine doses administered 4 days or fewer before the minimum interval or age can be counted as valid. Doses administered 5 days or more before the minimum interval or age should not be counted as valid doses and should be repeated as age appropriate.*

*The repeat dose should be spaced after the invalid dose by at least 4 weeks."*

(Report of the Committee on Infectious Diseases, American Academy of Paediatrics, 2006)

Hib booster and MMR vaccine should not be given before the first birthday, as the response to the vaccine may be suboptimal.

## New Childhood Immunisation Schedule: Update

Planning continues for the implementation of the new childhood immunisation schedule. The provisional date for changeover to the new schedule is September 2008. We will keep you informed.

As previously reported the main changes to the schedule are as follows:

- The addition of Hepatitis B vaccine to the infant schedule. This will be given at 2, 4 and 6 months in combination with diphtheria, tetanus, pertussis, polio and Hib, as a 6 in 1 injection.
- Addition of Pneumococcal vaccine at 2, 6 and 12 months.
- Hib booster to change from 12 months to 13 months.
- Men C vaccine schedule to change to 4, 6 and 13 months.

## Frequently Asked Immunisation Questions

### **Q: A child misses their Hib booster at 12 months - when can it be given?**

**A:** All children are recommended to have a booster Hib vaccine after their first birthday. In the present schedule this is given at 12 months. If, for any reason, the child misses out on this vaccine it can be given at any time, up to the age of 4 years. Booster immunisation is not normally required over 4 years of age.

### **Q: A child coming for preschool booster has never had pertussis vaccine – can they have the DTaP/IPV vaccine?**

**A:** A small number of children presenting for preschool booster have never had pertussis vaccine, although they have received a full course of diphtheria, tetanus and polio. In many cases, the pertussis was not given due to parental concerns. Unless there is a true contraindication to pertussis vaccine, these children can receive the DTaP/IPV. However, the level of immunity they will develop from one dose is likely to be suboptimal.

Ideally, they should have two further doses of pertussis to complete their primary immunisation. However, it is not possible to offer these children the additional two doses recommended as there is no single pertussis vaccine available and further doses of diphtheria and tetanus containing vaccine may cause increased local reactions.

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## Measles Outbreaks Switzerland and Germany

Since November 2006, Switzerland has been experiencing a large measles outbreak. From November 2006 to 13th February 2008, 1,405 measles cases were reported.

The ongoing outbreak began among school-age children in the canton of Lucerne. It's origin remains unknown. The disease then spread progressively to all Swiss cantons. To date there have been no deaths. Six percent of cases were vaccinated against measles, 85% were unvaccinated, and the vaccination status of the remaining 8% was unknown.

Germany has recently reported sixteen cases in the South West of the country, which have been linked to the outbreak in Switzerland.

We have seen very little measles in Cork and Kerry in the last year. In 2007 there were 3 notifications, only 1 of which was confirmed as measles. We have had 1 notification of possible measles to date in 2008. Our MMR immunisation uptake figures have improved to 88% at 24 months. However, this is still well below the 95% uptake estimated to be required to prevent outbreaks.

While this outbreak is ongoing, Switzerland constitutes a potential source of imported measles for other European countries. This again highlights the need to attain high uptake of MMR vaccine to protect our children.

With an uptake of 88%, 12 out of every 100 two year olds remain susceptible to measles.

## Travel Health Update: Yellow Fever

Paraguay has reported the confirmation of sixteen cases of yellow fever, including 3 deaths, as of 28<sup>th</sup> February. Seven of these cases had a history of visiting rural areas. The other 9 confirmed cases, which include 3 deaths, are from a municipality, outside the capital city, Asunción. These are the first cases of yellow fever disease identified in Paraguay in more than 30 years.

Paraguay currently **requires** yellow fever vaccination for persons entering Paraguay from countries listed as endemic for yellow fever. However, the Centre for Disease Control in the US is now recommending yellow fever vaccination for all travellers, older than 9 months, to Paraguay. Since yellow fever is spread by the bite of an infected mosquito, travellers are also reminded to protect themselves against mosquito bites.

The changing situation in Paraguay highlights the need for up-to-date information when providing travel health advice to patients. The following websites are useful sources of information.

Health Protection Surveillance Centre: [www.hpsc.ie](http://www.hpsc.ie)

Centre for Disease Control and Prevention: [www.cdc.gov/travel/default.aspx](http://www.cdc.gov/travel/default.aspx)

Tropical Medicine Bureau: [www.tmb.ie](http://www.tmb.ie)

WHO, International Travel and Health: [www.who.int/ith](http://www.who.int/ith)

## Annual Influenza Vaccine: Change in Recommendation

The National Immunisation Advisory Committee has issued updated recommendations for influenza vaccine for the 2008/2009 season. Annual vaccination is now recommended for those aged 50 years and older; it was previously recommended for those aged 65 years and over.

Vaccine will be provided free to all aged 50 years and over.

However, non GMS patients may be charged by the GP for administration. Further information on the ordering of vaccine for the 2008/2009 season will be sent to GPs in the summer.