



Influenza –Who Should be Vaccinated?

Influenza is an acute illness of the respiratory tract with systemic symptoms. The illness is more severe in the elderly, in those with chronic heart or lung disease, in children aged <4 years and in pregnant women. It is a highly infectious viral infection that can be life threatening. Influenza is the leading cause of death from infectious disease among elderly people and is a significant cause of death and hospitalisation among the elderly and frail in Residential Care Facilities (RCF).

How infectious is influenza?

The onset is sudden, with fever, rhinitis, cough, myalgia and headache. The incubation period is short (1-4 days). It is contagious from 1- 2 days before, to 4-5 days after symptom onset. Shedding can be more prolonged in young children and in the immunocompromised. Asymptomatic carriers of influenza may shed the virus.

What strains does this years influenza vaccine protect against?

The HSE has procured the Sanofi Pasteur Quadrivalent Influenza Vaccine (split virion, inactivated), which complies with World Health Organisation (WHO) recommendations. This vaccine protects against four strains of influenza virus that are commonly circulating. In previous years, a trivalent vaccine, which protected against three strains was used.

Who Should Be vaccinated?

- People aged over 65 years
- Pregnant women
- Health Care Workers
- Carers and household contacts of people at increased risk
- Residents of nursing homes and other long stay facilities
- Adults/children aged over 6 months with a long term health condition e.g. chronic respiratory diseases, Diabetes mellitus, coronary heart disease, immunosuppression, cancer, Down's syndrome.
- Children on long term aspirin therapy
- People with moderate/severe neurodevelopmental disorders e.g. cerebral palsy
- People with regular contact with pigs, poultry or water fowl

Why do pregnant women need influenza vaccine?

The WHO has stated that pregnant women are the highest priority group for seasonal influenza vaccination. The flu vaccine is very safe in pregnancy and is recommended during all stages of pregnancy. Women require vaccination with each pregnancy. Influenza illness is more severe during pregnancy with an increased risk of complications from influenza due to alterations in heart rate, lung capacity, and immunological function. Influenza illness during pregnancy is associated with premature birth and reduced foetal growth.

Why do healthcare workers need influenza vaccine?

The HSE recommends that everyone working in a health care setting should get the flu vaccine. Healthcare workers can prevent the spread of flu and save lives by getting the vaccine. You can be infectious and pass the flu virus to others even in the day or two before you develop symptoms. Health care workers are at increased risk of exposure and infection. One in four health care workers are infected with flu every year and many continue to work while unwell. The immune system of older people aged over 65 years and those with chronic medical conditions respond less well to the flu vaccine. These people rely on the immunity of those who care for them to protect them.

Who should not receive influenza vaccine?

Influenza vaccination should not be given to

- Those with a history of anaphylaxis to a previous dose of flu vaccine or any of its constituents.
- Patients on combination checkpoint inhibitors e.g. ipilimumab and nivolumab should not receive influenza vaccine due to a potential association with immune mediated adverse events.
- Vaccine should be deferred until recovery for those with acute severe febrile illness.

What about people with egg allergy?

Sanofi Pasteur Quadrivalent Influenza Vaccine (split virion, inactivated) contains less than 0.1microgram ovalbumin per dose and so it can be administered in accordance with the table below.

History	Recommendation
Non-anaphylactic egg allergy without severe asthma	Seasonal influenza vaccine with ovalbumin content <0.1 micrograms per dose, in primary care, with observation for 60 minutes.
Egg anaphylaxis or egg allergy and severe asthma	Refer to hospital specialist for vaccination with seasonal influenza vaccine with ovalbumin content <0.1 micrograms per dose. Skin testing is not necessary and vaccine should be given as a single dose with observation for 60 minutes

By Dr. Jacinta Mulroe, Consultant in Public Health Medicine, HSE SE

HPV Vaccine

The launch of an information campaign for HPV will take place in September at the start of the secondary school year.

Please take the time to visit [the HPV website](#) for a wide range of information including videos and fact sheets about the vaccine, how it saves lives and its excellent safety record. When friends, neighbours and colleagues ask our advice around vaccine issues let's help provide accurate and trustworthy information.

Here are some links that you might find useful:

- HSEland [e-learning modules for staff to support the HPV school vaccination programme](#)
- HSE YouTube [video explaining HPV and the benefits of the vaccine](#)
- Information on social media:

Twitter: [@HSELive](#) and [@HSEImm](#)

Facebook: <https://www.facebook.com/HSELive>

Instagram: www.instagram.com/irishhealthservice

Hashtag: #ProtectOurFuture

Survey on Pertussis Vaccination in Pregnancy

We will be circulating an invitation to participate in a short survey on Pertussis Vaccination in Pregnancy to some health care workers in the South East Region in the coming weeks.

The purpose of the survey is to assess knowledge and attitudes in relation to pertussis vaccination in pregnancy among healthcare workers who provide direct care to pregnant women. We will be inviting GPs, Practice Nurses, Obstetricians and Midwives to take part in a short online survey. All responses will be anonymous and we would greatly appreciate any participation in this survey. Invitations with a link to the survey will be sent by email in the coming weeks.

If you have any queries in relation to this survey please do not hesitate to contact us via email at Eimear.burke3@hse.ie or by phone on 056-7784142



By Dr. Eimear Burke, Specialist Registrar in Public Health Medicine, HSE SE

Introduction of Men ACWY Vaccine into the School Immunisation Schedule

During the 2019/20 academic year, Men ACWY vaccine will replace the Men C booster vaccine offered to first year secondary school students since 2014. This vaccine will provide additional protection against meningococcal C and other types of meningococcal disease (A, W and Y) some of which have become more prevalent in Ireland over the last number of years. The introduction of the Men ACWY vaccine will provide direct protection to those adolescents vaccinated and by reducing carriage will provide indirect protection via herd immunity to other age groups.

There is no change to the primary childhood vaccine schedule (i.e. Men C vaccine should be given at 6 months and Hib/Men C at 13 months of age)

Men ACWY Vaccine (Nimenrix)

Men ACWY vaccine is highly effective in protecting against serious infection caused by 4 strains of meningococcal bacteria (A, C, W and Y). It does not protect against other types of meningitis including that due to meningococcal B disease or Haemophilus influenza b disease.

How many doses are required?

Only one dose of Men ACWY is needed for protection.

Side effects of vaccine

The most common side effects are:

- Pain redness or swelling in the arm where the vaccine was given,
- Headache,
- Fever,
- Nausea,
- Fatigue.

These symptoms should last no more than 24 hours. Sometimes a small, painless lump develops, but this usually disappears in a few weeks.

More information available at: <https://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/menacwy/>

Meningococcal Disease

Meningococcal infections are caused by *Neisseria meningitidis* and range from asymptomatic colonisation to serious invasive disease including meningitis and septicaemia. Meningococci are Gram-negative diplococci. They are divided into 12 antigenically distinct serogroups (A, B, C, E H, I, K, L, W (formerly W135), X, Y, and Z).

Following the introduction of the Men C vaccine in 2000, there was a rapid reduction in meningococcal C disease . The incidence of meningococcal B disease has also been in decline over the last 20 years even before the introduction of the Men B vaccine. However there has been a small increase in cases of meningococcal W and Y diseases since 2015. The Men ACWY vaccine is being introduced due to this change in serotype prevalence.

A similar increase has also been reported in the UK, Sweden and the Netherlands, in particular the Men W clonal complex 11 subtype. While this aggressive strain of Men W is rare, it is highly virulent and associated with a high case fatality ratio. Men ACWY vaccine was introduced for adolescents in the UK in 2016.

Clinical presentation of Men W Disease

Meningococcal infection most commonly presents as either meningitis or septicaemia, or a combination of both. However, cases of meningococcal W have often presented with atypical clinical presentations with septic arthritis and severe respiratory tract infections (including pneumonia and epiglottitis) being seen more commonly among meningococcal W cases compared with other meningococcal groups. Several adults with meningococcal W septicaemia have presented primarily with gastrointestinal symptoms without the characteristic rash making clinical diagnosis of the disease difficult.



Immunisation uptake for children aged 12 and 24 months of age

Local Health Office	% Vaccine uptake, Q4 2018							
	BCG ₁ [*]	Rota ₂	D ₃ [†]		MenC ₂ [‡]	MenB ₃	PCV ₃	MMR ₁
	12 months	12 months	12 months	24 months	24 months	24 months	24 months	24 months
Carlow - Kilkenny	0	89	91	92	Not available	88	80	90
Tipperary South	0	92	95	96	Not available	91	88	92
Waterford	0	87	87	89	Not available	86	83	87
Wexford	0	92	92	93	Not available	88	85	90
Ireland	0	89	90	94	Not available	90	88	92

^{*}BCG: At the time of writing, the HSE continues to experience delays with the supply of BCG vaccine.

[†]D₃: Three doses of Diphtheria containing vaccine. In this table, uptake of D₃ is indicative of uptake of vaccines contained in the 5 in 1 or 6 in 1 combined vaccine.

[‡]MenC₂: Uptake reports unable to include those given a second MenC dose as part of the combined Hib/MenC vaccine

Summary of infectious diseases notified weeks 1 to 31, 2019¹



¹Provisional data