**Annual Flu Vaccination**

Unfortunately there will be a delay in the annual influenza vaccination campaign this year. This is due to the fact that all European manufacturers are encountering delays in their vaccine production, due to problems in growing one of the WHO recommended vaccine strains for this season’s vaccine. We now expect to receive half of our vaccine supply by the end of September, with the remainder arriving in early October. The National Immunisation Office is working closely with the National Cold Chain Delivery Services to accelerate the delivery schedule to ensure influenza vaccine is delivered to all sites within the minimum time frame once it is received in the country. All going well, all GPs should have supplies by mid October. Further information will be issued to GPs as soon as available.

Full details on recommendations for influenza vaccination can be found in the National Immunisation Guidelines for Ireland (2002), available on the Health Protection Surveillance website www://hpsc.ie

**Inclusion of Hib booster in routine childhood immunisation schedule**

The recent Hib booster catch up campaign ended in May 2006 and defaulters are now being followed up. As recommended by the RCPI National Immunisation Advisory Committee the HSE Management Team has now approved the inclusion of a routine Hib booster to the childhood immunisation schedule. This additional Hib vaccine is to provide extra protection against Hib disease.

**The Hib booster vaccine will be included in the routine childhood vaccine schedule from 18th September 2006**

The Hib booster should be given at the same time as the MMR vaccine – 12 months of age.

Parents will receive an invitation from the HSE to bring their child to their GP for both vaccines and GPs will receive cohort lists for both MMR and Hib vaccine.

Discussions are ongoing with the Irish Medical Organisation for any payment that may be due as a result of this booster.

Children who reached 12 months of age between 21st May 2006 and 17th September 2006 (i.e born between 21st May 2005 and 17th September 2005) should also be offered a Hib booster. Parents will receive an invitation to bring their child to their GP for a Hib booster and GPs will receive cohort lists for this group of children.

Supplies of Hib vaccine are readily available from the National Vaccine Delivery Service and can be ordered along with other childhood vaccines. In addition new leaflets “Hib vaccine – a guide for parents” have been printed and will be sent to parents with the invitation to attend their GP.

For more information please contact your local immunisation office.
Hepatitis B Vaccine: Perinatal Protection

Chronic carriers of Hepatitis B virus (HBV) are at risk of acute fulminating hepatitis, chronic hepatitis, cirrhosis and primary hepatocellular carcinoma; 25% will ultimately die of liver failure. Ninety per cent of children infected with HBV in the perinatal period become chronic carriers of the disease. If babies are vaccinated against Hepatitis B this can be prevented.

**Outcome of Hepatitis B Infection by Age of Acquisition of Infection**

Perinatal transmission of HBV occurs vertically from an infected mother to her infant. Both acute and chronic HBV disease in the mother are potentially infectious. It is a highly efficient mode of transmission, the risk ranging from 20%-90% depending on the infectivity of the mother. Non-national mothers having babies in Ireland are often from countries where HBV infection is endemic. In 2001, antenatal screening in the Rotunda Hospital found that 91% of the infected cases identified were non-EU women.

**Hepatitis B Vaccine**

HBV vaccine is a safe and effective vaccine. HBV vaccination commencing within 24 hours of birth prevents 80%-90% of cases of vertical transmission. Arrangements are in place in local Maternity Hospitals to give the first vaccine dose to infants of known HBV infected mothers. Further doses at 1 and 6 months complete the course. These are usually given by the GP. In this circumstance, the local arrangements for obtaining vaccine and payment within the HSE-South are as follows:

- HBV vaccine is not delivered routinely through the National Cold Chain System (NCCS) since it is not part of the routine national primary immunisation programme. However, in this circumstance the GP can order the vaccine from NCCS.
- There is no limit to the number of paediatric doses that can be ordered. It will be delivered to the surgery by the NCCS with the next routine delivery. If the GP experiences any difficulties the Immunisation Coordinator (Cathy Falvey Cathy.Falvey@mailp.hse.ie, 022-31803) should be contacted.
- For the GMS patient the GP claims on an STC (Special Type Consultation) Form. The GP receives a fee for the administration of the completed course. (DOHC circular Ref 137/00).
- For the non-GMS patient the GP, if willing, may claim directly from the local HSE office or the GP charges the patient who then, with a receipt, claims a refund from the local HSE office. (Infectious Diseases Claims Section)

**Post Vaccination Testing**

Even with HBV immunisation up to 10% of infants of HBV positive mothers may be infected. Serology should be done at 8-9 months of age to check if the infant became infected or not and if not infected to check response to the vaccine (this must be at 2 months after the 3rd dose).

**Vaccination of Household Contacts**

Household siblings are at ongoing risk from the mother of exposure to HBV and should be vaccinated. Horizontal transmission from infected children in early childhood is a common mode of transmission of HBV. Vaccination prevents this. It is estimated that for each infant protected from vertical transmission, horizontal transmission and the development of a carrier state is prevented in three extra children.

In Ireland in recent years the burden of HBV has increased. Chronic carriers of HBV are the primary reservoir for HBV infection. Prevention of this disease and its consequences is indeed worthwhile.