

HSE NATIONAL IMMUNISATION OFFICE

IMMUNISATION BULLETIN 70

THIS EDITION COVERS

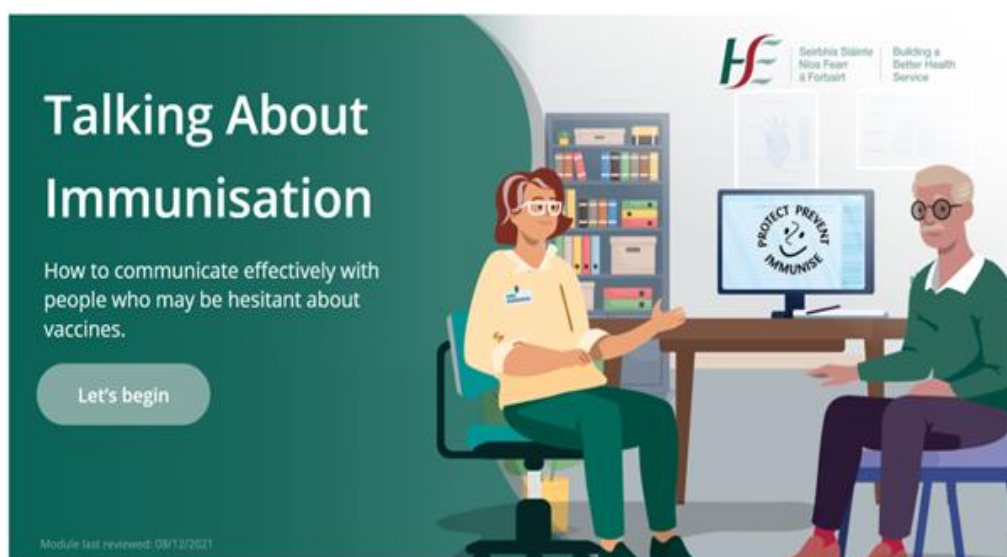
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Decline in Primary Childhood Immunisation Uptake

The most recent data from the [HPSC reports](#) that vaccine uptake for the Primary Childhood Immunisation schedule at 12 months has declined nationally by 0.8%-1.1% with rates in some areas showing a much larger decline in uptake. Vaccine uptake nationally is below the 95% target recommended by the World Health Organization.

It is therefore important that all healthcare professionals recommend vaccination at every opportunity to protect children from vaccine preventable diseases.

The NIO has developed a HSELand eLearning module that specifically addresses the scenario where a parent is hesitant about vaccines. This module is called "Talking about immunisation" and is available on www.hseland.ie



In General Practice, checking which babies are up to date with vaccines, and sending reminders by text, email, phone or mail to parents' whose babies are late or have not been vaccinated, is also important and has been shown to increase vaccine uptake, as well as offering vaccines opportunistically if the family attend the practice for another reason.

The National Immunisation Advisory Committee: New recommendations for COVID-19 vaccines primary series (December 2023) (NOT YET OPERATIONALISED)

Recommendations regarding eligibility for primary series COVID-19 vaccination are unchanged ([Section 5a.5 Chapter 5a COVID-19 Immunisation Guidelines for Ireland from the National Immunisation Advisory Committee](#)).

- For those aged 5 years and above the recommended primary series now consists of a single dose of age-appropriate COVID-19 mRNA vaccine.
- For those aged 6 months to 4 years the recommended primary series now consists of:
 - A. two doses of age-appropriate COVID-19 mRNA vaccine for those with no prior history of SARS-CoV-2 infection.
 - B. a single dose of age-appropriate COVID-19 mRNA vaccine for those with a prior history* of SARS-CoV-2 infection.

**Prior history of COVID-19 can be confirmed by any of; positive PCR test, antigen test or clinical diagnosis. For example, a single dose primary series could be considered in a child who had symptoms consistent with COVID-19 at a time when household contacts tested positive.*

- For those with immunocompromising conditions aged 6 months and older, the recommended primary series consists of two doses of an age-appropriate COVID-19 vaccine.

A third dose may be administered following instruction from a relevant specialist physician.

- **Comirnaty Omicron XBB.1.5 mRNA COVID-19 vaccine** is now the preferable COVID-19 vaccine, where available, for all those eligible for primary series vaccination, and should be given as follows:
 - aged 6 months-4 years: Comirnaty Omicron XBB.1.5 (3 mcgs) with interval of four weeks between doses if two doses are required.
 - aged 5-11 years: Comirnaty Omicron XBB.1.5 (10 mcgs) 1 dose.
 - aged 12 years and older: Comirnaty Omicron XBB.1.5 (30 mcgs) one dose.
 - Immunocompromised:

Comirnaty Omicron XBB.1.5 two doses of the age-appropriate vaccine, with a four-week interval between dose one and two. If a third dose is required there should be an interval of eight weeks between dose two and three.

Nuvaxovid XBB.1.5 can be offered for primary series in adults and children aged 12 years and above with a contraindication to a mRNA vaccine, or in those who choose not to receive a mRNA vaccine:

- A. For immunocompetent adults and children aged 12 years and above, a single dose is recommended.
- B. For those with immunocompromising conditions, 2 doses should be administered with a four-week interval between dose one and dose two.

If a third dose is required, there should be an interval of eight weeks between dose two and three.

NIAC no longer recommends a shorter interval first booster dose. Subsequent doses should be administered as per seasonal recommendations.

Recommendations may be updated when more information becomes available.

Flu Season

All those in the 'at risk groups' for influenza who have not had the vaccine should still be encouraged to get the flu vaccine. This particularly includes pregnant women and those who are newly diagnosed in the at risk groups. The flu season continues until the end of April.

www.hse.ie/flu

LAIV

Fluenz Tetra is no longer available to order from the HSE National Cold Chain Service (NCCS) the remainder of the 2023/2024 flu season.

If a child or young person aged 2-17 years wishes to avail of the flu vaccine or are in an at risk group for influenza, they can be offered Influvac Tetra (Injectable inactivated egg-based quadrivalent influenza vaccine) if Fluenz Tetra is not available locally and provided there are no contraindications to QIV.

www.hse.ie/flu

Revaxis

From January 2024 Revaxis (Td/IPV) vaccine will be supplied in place of DiTe Booster (Td) vaccine. This is a single dose presentation in a pre-filled syringe.

As this is a single dose pack less than 5 doses can be ordered.

<https://www.ordervaccines.ie/>

Timing of Primary Immunisation schedule vaccination.

The optimal recommended ages and intervals provide the best immune response. Every effort should be made to comply with the recommended ages and intervals. However, in exceptional circumstances (such as imminent international travel, measles outbreak) it may be necessary to provide one or more vaccines at less than the optimal age or intervals.

Starting the primary schedule vaccines:

The optimal age is 2, 4 and 6 months.

The minimum age is 6 weeks minus 4 days – taking the 4 day rule into account

NOTE: Vaccines should only be given earlier in exceptional circumstances

Interval between the 1st and 2nd (2 and 4 month) visits

The optimal interval is 2 months

The minimum interval is 4 weeks

Interval between the 2nd and 3rd (4 and 6 month) visits

The optimal interval is 2 months.

The minimum interval is 8 weeks (and 16 weeks after 1st visit)

This accelerated schedule i.e. using minimum interval should only be used once in the schedule and not be used routinely.
The remaining doses should be given at recommended intervals to ensure the best protection.



(See Table 2.2 Section 2.2.3 [Chapter 2 Immunisation Guidelines for Ireland](#) from the National Immunisation Advisory Committee)

Table 2.2 Optimal and minimum recommended ages and intervals between doses of the Primary Childhood Schedule

	Dose 1		Dose 1 to Dose 2		Dose 2 to Dose 3	
	Optimal age	Minimum age	Optimal interval	Minimum interval	Optimal interval	Minimum interval
DTaP, Hib/IPV Hepatitis B (as 6 in 1 vaccine)	2 months	6 weeks	2 months	4 weeks	2 months (and 4 months after Dose 1)	8 weeks (and 16 weeks after Dose 1)
MenB	2 months	6 weeks	2 months	4 weeks	2 months (and >12 months of age)	8 weeks
MenC	6 months	6 weeks	2 months (and >12 months of age)	4 weeks (and >12 months of age)	> 2 years	8 weeks
MMR ¹	12 months	6 months ¹	1 month	4 weeks		
PCV	2 months	6 weeks	2 months	4 weeks	2 months	8 weeks (and >12 months of age)
Rotavirus	2 months	6 weeks	2 months	4 weeks	2 months	4 weeks (and <8 months 0 days of age)

¹Children can be vaccinated with MMR between 6 and 12 months of e.g. during a measles outbreak. If so, they should have a repeat MMR at 12 months of age, at least one month after the first vaccine, with a 3rd dose at 4-5 years of age.

Common Queries

If a child aged 2 years or older misses the 13 month vaccines, what vaccines are required?

Answer: Once a child reaches the age of 2, NIAC advises they no longer need PCV13 vaccine. However, for every child over the age of 1 year, the Hib vaccine is recommended up to the age of 9 years inclusive. Every child needs a single dose of MenC up until MenACWY vaccine is given in school.

If 6 months vaccines are given late do you need to leave a 6 months interval before the vaccines that are usually given at 12 months are administered?

Answer: No, the MenB and MMR vaccines can be given at any time interval after the 6in1, PCV13 and MenC vaccines. The immunisation guidelines recommend that non live and live vaccines can be administered simultaneously or at any interval between doses.

Please see [table 2.5 below](#).

Table 2.5 Recommended intervals between vaccine doses

Antigen combination	Recommended Interval between doses
MMR and yellow fever*	MMR and yellow fever should not be administered on the same day. They should be given ≥ 4 weeks apart
MMR, varicella and zoster vaccine	Can be given on the same day or ≥ 4 weeks apart
BCG, rotavirus, live attenuated influenza vaccine (LAIV), MMR, oral typhoid vaccine, varicella, yellow fever, and zoster	Apart from the combinations listed above , can be given on the same day or at any interval between doses
Non live vaccines	May be administered simultaneously or at any interval between doses
Non live and live vaccines	May be administered simultaneously or at any interval between doses

***MMR and yellow fever.** If these vaccines are given at the same time there may be reduced immune responses to the mumps, rubella and yellow fever antigens, so at least a 4 week interval should be left between them. If protection is required rapidly the vaccines may be given on the same day and an additional dose of MMR given at least 4 weeks later.

What is the 4 day rule?

Answer: Giving a vaccine dose ≤ 4 days before the minimum age or interval is unlikely to have a significant adverse effect on the immune response to that dose and does not need to be repeated.

Website

[Visit our website](#)

Visit our website www.immunisation.ie regularly for information to support vaccinators and health professionals responding to queries.

HSeLand Vaccination Training Programme



[Visit HSeLand](#)

You will find programmes developed by our office by logging into your account on www.hseland.ie selecting **courses** then selecting **clinical skills** and finally selecting **National Immunisation Office**.



[Contact HSeLand](#)

If you have any issues with the platform, please contact HSeLand directly.

Do you have queries?

[Send your query](#)

Clinical queries from healthcare professionals can be directed to our dedicated email address

Should vaccines be exposed to temperatures outside of parameters please contact a National Immunisation Office pharmacist immediately. Contacts include:

- email pharmacynio@hse.ie
- Leah Gaughan: mobile 087 1881667
- Achal Gupta: mobile 087 4064810
- Cliona Kiersey: mobile 087 9915452
- Cora Kerrigan: mobile 087 1881565

If you have a query about errors or changes to records on COVAX, please contact the Contact Management Programme on 01 240 8786.

Queries that are not clinical or technical cannot be answered by the National Immunisation Office



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