

Immunisation Guidelines for Ireland 2008 Edition

Updated, July 2009

As of July 2009, the following corrections and amendments have been made to the Immunisation Guidelines for Ireland, 2008 edition. The changes will appear in the online versions of the guidelines. The changes will NOT appear in the printed version of the guidelines until the next edition.

New chapter added - Human Papillomavirus - Chapter 6a.

This can be found directly after chapter 20 in the complete online edition and after chapter 6 in the individual chapters section.

Page	Chapter	Statement 2008 Edition	Updated July 1 2009	Rationale for change
15	2. General Immunisation Procedures	Men C added to table.	Men C – one dose only.	Correction: Men C should be included in catch up schedule for children aged 10 to 18 years.
18	2. General Immunisation Procedures	Note 3 added to table.	Note 3. May need to seek medical guidance from treating physician, regarding severity of immunosuppression (see page 20).	Clarification: If in doubt as to the level of immunosuppression, you may need to discuss with treating physician.
25	2. General Immunisation Procedures	Hepatitis B vaccine may not give an adequate immune response in infants less than 2kg, and should be deferred until the infant is more than 2kg, unless the mother is HBsAg positive. In this case the infant should receive a birth dose and three further doses at 2, 4 and 6 months of age.	Hepatitis B vaccine may not give an adequate immune response in infants weighing less than 2kgs, until they are aged one month. However, if a mother is HBsAg positive, her infant should be given the HBV vaccine at birth and further doses (as 6-in-1 vaccine) at 2, 4 and 6 months of age.	Clarification: HBV vaccine may not be effective until baby is 2 kgs of weight or aged one month.
32	2. General Immunisation Procedures	The BCG is given into the skin at one site over the middle of the deltoid muscle; tuberculin is generally injected into the ventral surface of the forearm.	The BCG is given into the skin at one site over the distal insertion of the deltoid muscle (approx. one third down the upper arm); tuberculin is generally injected into the ventral surface of the forearm.	Correction: BCG should be given at the distal insertion of the deltoid muscle

Page	Chapter	Statement 2008 Edition	Updated July 1 2009	Rationale for change
54	5. Hepatitis A	<p>However, information about the relative efficacy of vaccine compared with HNIG post-exposure is limited, and no data are available for persons aged over 40 years or those with underlying medical conditions. It is becoming increasingly difficult to access supplies of HNIG and therefore the use of HAV vaccine for healthy contacts aged 1 year to 40 years may be a viable alternative.</p>	<p>However, information about the relative efficacy of vaccine compared with HNIG post exposure is limited. For persons aged 40 years and over and those with underlying medical conditions, HNIG is still preferred because of the absence of information regarding vaccine performance and the more severe manifestations of hepatitis A in these groups.</p> <p>It is becoming increasingly difficult to access supplies of HNIG and therefore the use of HAV vaccine for healthy contacts aged 1 year to 39 years may be a viable alternative. For those aged 40 and over and those with underlying medical conditions, HAV vaccine can also be used if HNIG cannot be obtained.</p>	<p>Clarification: While HNIG should be used in those 40 years and over, and in those with underlying medical conditions, if it is not available HAV vaccine can be used.</p>
67	6. Hepatitis B	<p>Different HBV vaccine products can be used to complete a primary immunisation course or, where indicated, as a booster dose in individuals who have previously received another HBV vaccine.</p>	<p>Different HBV vaccine products can be used to complete a primary immunisation course or, where indicated, as a booster dose in individuals who have previously received another HBV vaccine.</p>	<p>New information: This is to highlight that there is a new vaccine available which is NOT interchangeable with the other vaccines.</p>

Page	Chapter	Statement 2008 Edition	Updated July 1 2009	Rationale for change
67 Cont.	6. Hepatitis B Cont.		One of the licensed higher dose vaccine products (used for adult patients with chronic renal failure, and considered for other immunosuppressed adults) is not interchangeable.	
69	6. Hepatitis B	Infants born to mothers who are HBV infected should be tested at 12 months of age to determine HBV status and post-vaccination response.	Infants born to mothers who are HBV infected should be tested 2 months after completing HBV immunisation to determine HBV status and post-vaccination response.	Correction: Infants should be tested 2 months after completing HBV immunisation, regardless of age.
78	7. Influenza	Vaccination is recommended for:.... a) Persons aged 50 years or older as recommended by WHO.	Vaccination is recommended for:.... a) Persons aged 50 years or older.	Correction: This recommendation is based on review of scientific literature and was incorrectly attributed to WHO.
111, 144	10. Mumps 14. Rubella	When measles outbreaks occur, susceptible persons should be given MMR within 72 hours of contact with a case.	Deleted	Removal of section: Guidance on using MMR for contacts of measles has been deleted as MMR is not effective for contacts of mumps or rubella.
113, 146	10. Mumps 14. Rubella	Protection of contacts with immunoglobulin.....	Deleted	Removal of section: Guidance on using immunoglobulin for contacts of measles has been deleted as immunoglobulin is not recommended for use for contacts of mumps or rubella.
90, 112, 145	8. Measles 10. Mumps 14. Rubella	Precautions:.... 2. Injection with another live vaccine within the previous 3 weeks	Precautions:.... 2. Injection with another live vaccine within the previous 4 weeks	Correction: There should be a minimum interval of 4 weeks between live vaccines.