

**Opening Statement by Dr. Colette Bonner, Deputy Chief Medical Officer and lead in Health Protection Unit, at the meeting of the Joint Oireachtas Committee on Health and Children  
11<sup>th</sup> May 2017**

Good morning Mr. Chairman and members of the Committee.

Thank you for the invitation to attend this Committee.

Today I am joined by a number of my colleagues:

- **Dr. Kevin Kelleher**, Assistant National Director Health Protection, Health Service Executive,
- **Dr. Brenda Corcoran**, Consultant in Public Health Medicine, National Immunisation Office,
- **Dr. Joan Gilvarry**, Director of Human Products Monitoring, Health Products Regulatory Authority,
- **Dr. Karina Butler**, Chair, National Immunisation Advisory Committee, and
- **Professor Mary Horgan**, President Designate of the Royal College of Physicians of Ireland.

We look forward to working with the Committee and extending to you every cooperation and assistance in your work.

Vaccination is regarded as one of the safest and most cost-effective of all health care interventions. The World Health Organisation estimates that up to 3 million lives are saved each year as a result of vaccination. All vaccines undergo long and careful review by scientists, doctors, and regulatory authorities to make sure they are safe.

Routine immunisation programmes commenced in Ireland 1932 with the introduction of diphtheria immunisation. The current national immunisation programmes include:

- the Primary Childhood Immunisation (PCI) programme which offers vaccination against 13 infectious diseases, and
- the Schools Immunisation Programme (SIP) which offers booster immunisations to all children and the important cancer preventing HPV vaccine to girls.

In addition the HSE, through GP's and pharmacies, provides seasonal influenza vaccine and pneumococcal vaccines for people aged 65 years and older and those in medically at risk groups.

Participation in immunisation programmes in Ireland is voluntary, and in the case of childhood vaccines requires parental consent.

### **International bodies**

Ireland's immunisation policy is influenced by the policies that are developed through the World Health Organization (WHO) for the European region. The process and outcome targets established by WHO have been used to guide the objectives of the Irish programme. These have specified the coverage levels to be attained, and outcomes such as elimination of target diseases (e.g. polio, measles, and diphtheria). Other relevant international bodies include the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency

## **Underlying principles**

Immunisation policy and processes in Ireland are underpinned by the following principles:

- A fair equitable safe and relevant policy based on best evidence, and provided within a sustainable budgetary framework.
- A system of immunisation delivery which is flexible and cost effective to ensure easy introduction of new vaccines
- Promotion of immunisation equity
- Immunisation coverage uptake rates to achieve WHO targets of 95%
- Strong surveillance system which detects changes in rates of VPD, or new strains not covered by existing vaccines
- Information systems which can provide data of uptake and early warning of reduced uptake
- An effective public communication system capable of providing understandable scientific information which challenges misinformation from whatever source.

There are a number of key stakeholders who are involved in immunisation policy and delivery of immunisation programmes in Ireland and I will briefly outline their roles.

### **Department of Health**

The Department of Health has ultimate responsibility for policy decisions relating to immunisation. It is also involved in securing the funding of immunisation programmes through the Estimates process, the legislative and regulatory framework underpinning immunisation programmes and coordination between key stakeholders.

### **National Immunisation Advisory Committee**

The National Immunisation Advisory Committee (NIAC) is a committee of the Royal College of Physicians of Ireland (RCPI). It is an independent national technical advisory committee which advises the Department of Health on vaccines, immunisation and related health matters in the Irish context.

### **Health Service Executive (HSE)**

The HSE has a key role in the delivery of immunisation programmes,

which it supports through the National Immunisation Office, the Health Protection Surveillance Centre, Primary Care and Community Health Offices which come under the *aegis* of the Health and Wellbeing Directorate.

### **National Immunisation Office (NIO)**

The National Immunisation Office (NIO) is part of the Health and Wellbeing Directorate of the HSE. The NIO is responsible for the implementation of national immunisation programmes, and has a number of roles in particular communication with professionals and with the public.

### **Health Protection Surveillance Centre**

The Health Protection Surveillance Centre (HPSC) is responsible for national surveillance of infectious diseases, including Vaccine Preventable Diseases (VPD) and acts as the focal point for communication with international agencies on VPD and immunisation uptake.

## **HSE Primary Care and Community Health Offices**

Local immunisation teams within CHOs coordinate the invitations and monitoring of the PCIP and CHO school immunisation teams administer the SIP in most regions.

## **Health Products Regulatory Agency**

Health Products Regulatory Agency is responsible for licencing of medicines, including vaccines, in Ireland. The HPRA also monitors and evaluates adverse events relating to vaccine.

## **General Practice**

General practitioners are contracted to administer the primary childhood programme. In some regions they deliver the SIP. They also provide other vaccination such as influenza to risk groups under contract.

## **Retail Pharmacies**

Retail pharmacists who have undergone the required training can apply for a contract to administer certain adult vaccines. At present pharmacists can administer seasonal influenza and pneumococcal vaccines.

## **Impact of immunisation programmes**

The States immunisation programmes have had a significant impact in improving the health of the Irish people. Diseases that used to be common in this country and around the world, including polio, measles, diphtheria, whooping cough, Meningococcal Band C can now be prevented by vaccination.

But vaccines don't just prevent infectious diseases. They can also prevent the development of cancer. The Hepatitis B vaccine given as part of the 6 in 1 vaccine in the Primary Childhood Immunisation Programme helps prevent cancer of the liver caused by Hepatitis B infection, and the HPV vaccine given to school girls can prevent the development of cervical cancer caused by the Human papilloma virus.



## **Impact of misinformation**

Ireland's uptake rates for many vaccines in the Primary Childhood Immunisation Programme are close to the WHO uptake target of 95%. However challenges remain. In recent years due to the success of our programme many vaccine preventable diseases have become so infrequent that we have lost the collective memory of how serious some childhood illnesses can be. Furthermore for some the perceived risks of vaccines now outweigh the risks of these forgotten serious infectious diseases.

For example, the scare surrounding the MMR vaccine in the 1990s resulted in a large reduction in uptake rates for this vaccine. In January 2000 a large outbreak of measles occurred in Dublin and resulted in more than 100 children being hospitalised, 13 children required intensive care treatment, and there were three measles related deaths.

It has taken many years to get MMR uptake rates up to the current national level of 92%. However, this figure masks a small number of

areas of low uptake. This leaves these areas vulnerable to outbreaks of measles. At present a number of European countries are reporting large measles outbreaks - Romania, Italy and the United Kingdom are the biggest. Last year there were 40 cases of measles reported in Ireland related to three imported case from Europe. Measles cases occurred in children who either had no vaccination or were under vaccinated. If Ireland is to achieve the WHO target of measles elimination by 2020, then efforts must be made to identify children at risk and offer them vaccine. The HSE continues work in this area and Dr. Corcoran will give details of this later in the proceedings.

A similar situation exists today with respect to the HPV vaccine. Unfounded false claims have been made of an association between the HPV vaccine and a number of conditions experienced by a group of young women. There is no scientific evidence that the HPV vaccine causes any long term illness. However, this misinformation has led to a significant drop in uptake rates of the HPV vaccine. As recently as last week the Director of the National Cancer Registry commented that the reduction in uptake rate of HPV vaccine among

Irish girls is very concerning. Essentially this means that a large cohort of girls is now at risk of developing cervical cancer later in their lives.

Despite the availability of free and effective vaccines, a small number of people make the personal choice not to vaccinate themselves or their children in the belief that vaccines are unsafe or no longer necessary. People need to be aware that a personal decision not to vaccinate has a wider public impact. Such a decision may put their own life and that of their child at risk, and it may also put at risk other vulnerable individuals that they come into contact with eg people with a reduced immunity such as sick and elderly vulnerable patients, pregnant women or small babies who have not yet completed all their vaccinations.

On that note, I want to take this opportunity to talk about the seasonal influenza vaccine. The uptake of this vaccine is disappointingly low in health care workers in Ireland. As a result of the Winter Initiative campaign this year, we did see an increase in uptake rates compared

to previous seasons and some units achieved above the target of 40%. However, the national rate fell far short of the target. As people who care for sick and vulnerable patients, health care workers need to consider their duty of care to patients and make it a priority to receive the flu vaccine every year.

Parents want to do everything possible to make sure their children are healthy and protected from preventable diseases. Vaccination is the best way to do that. It is understandable that they may feel anxious about vaccinating their child especially when they hear or read alarming stories about side effects of vaccination. I would urge any parent who has doubts or questions about vaccination to engage with your family doctor, or alternatively to visit the National Immunisation office website. These sources of information are clear and accurate and will answer any queries you may have about the benefits and risks of vaccination.

*“We all have a public health commitment to our communities to protect each other and each other’s children by vaccinating ourselves and our own family members”.*

Thank you.