



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Thursday 11th May 2017

Opening Statement

By

Dr. Kevin Kelleher

Assistant National Director for Public Health & Child Health

Acting Director, Health Protection Surveillance Centre

Health Service Executive

Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting to discuss the uptake levels for vaccinations. I am joined today by:

- Dr Brenda Corcoran, Consultant in Public Health Medicine, National Immunisation Office.

We welcome this opportunity to appear before the Joint Committee and engage with Members. I appeared before this committee 16 years ago when you reviewed the same topic. Your report then was very influential.

Firstly, I/we are very proud of what we have achieved in those 16 years and the lives and illnesses we have prevented.

Immunisation is one of the most cost-effective health interventions available, second only to clean water and saves millions of people from illness, disability and death worldwide each year. A quote from the Harvard School of Public Health in 2005 on The Value of Vaccination puts it well:

“The economic benefits of immunisation have been greatly underestimated”

In Ireland the national immunisation programme aims to prevent diseases in individuals and groups by achieving the World Health Organisation vaccine uptake targets of 95% for childhood vaccines and 75% for seasonal influenza. To achieve these targets, a well-functioning immunisation programme is essential with a multi-disciplinary integrated approach from all key stakeholders including the bodies represented here today.

Ireland has a very strong history of having a very comprehensive dynamic immunisation programme. In the twentieth century nine new vaccines were introduced to the childhood schedule. In the 16 years since the year 2000, there have already been 12 changes to the childhood schedule adding six new vaccines and in addition three large scale catch up campaigns have also been implemented. In 2017 the HSE is providing the following national immunisation programmes; *(my colleagues here today will evidence the very robust national and international processes that underpin the introduction of new vaccines and patient safety considerations are paramount)*

The Primary Childhood Immunisation Programme is provided free of charge by GPs with HSE immunisation contracts to approximately 65,000 babies. Children require five visits to their general practitioner (GP) at (2, 4, 6, 12 & 13 months, seven vaccines and preventing 13 diseases. This includes the new meningococcal B and rotavirus vaccines which were introduced at the end of 2016.

The School Immunisation Service is provided by HSE school vaccination teams to 70,000 junior infants through two vaccines preventing seven diseases and to nearly 60,000 students in first year of second level school – Boys receive two booster vaccines preventing four diseases at one visit and girls receive three vaccines preventing five diseases over two visits. In 2016, 900,000 vaccines were given to babies and school children to protect them and the wider community through herd immunity from 14 serious diseases.

Every year GPs, pharmacists and occupational health services provide the seasonal influenza vaccine to everyone who is 65 years or older, people under 65 with certain long term medical conditions, pregnant women, and Health Care Workers. We distribute around 800,000 doses of flu vaccine every year and estimate around 700,000 are used.

We continue to reach the target of 95% for most of the vaccines given to babies. The MMR (measles, mumps and rubella) vaccine uptake which declined to 69% in 2001 due to discredited vaccine safety allegations has slowly increased to 92% in 2016. However we still see measles outbreaks because not all children and young adults are vaccinated, most recently in 2016 with 40 cases, half of whom were hospitalised. The human papillomavirus (HPV) vaccine uptake which was at 87% has dropped due to vaccine safety concerns and is now estimated at 50% for this year. The uptake of flu vaccine has remained at around 55% for those 65 and older and less than 20% for pregnant women. Uptake among hospital health care workers is still low this season at 31% although this has increased from 22% last year. Significant efforts are made each year to understand the factors that drive and motivate people to be vaccinated; campaigns and public health messaging is designed with key stakeholders and with service users. All of this work is evaluated and future work revised to take cognisance of learnings-to-date and shifting behavioural trends.

It is very important to note the immense amount of work done by nurses (practice nurses, public health nurses, and school nurses), doctors (GPs, community medical staff), pharmacists and administration staff. I must also commend highly the work of the National Immunisation Office, the Health Protection Surveillance Centre and our communications partners, internally in the HSE and with external organisations and agencies.

Although overall public trust in vaccination is positive as evidenced by the generally high uptake rates, current parental concerns about HPV vaccine safety on social and local media which have no scientific basis are leaving large numbers of girls at a future risk of cervical cancer. There is concern that the reduction in HPV vaccine uptake may lead to reduced rates in the other childhood vaccines.

This may be due to vaccine complacency as many of the diseases are not visible now due to the success of vaccination or are not perceived to be serious and life threatening. Additionally it is often hard to emphasize today the benefits of preventing future cancers. Ongoing concerted efforts are required from all health care professionals and opinion leaders to improve and maintain vaccine confidence in HPV and in all vaccines.

The scientific evidence is clear - vaccination is the most effective intervention for the prevention of many serious diseases. Vaccines are one of modern medicine's major success stories and this public health success must be sustained.

This concludes my opening statement and together with my colleague we will endeavour to answer any questions you may have.

Thank you.