

Hib

Q&A for Hib booster campaign 2007 to 2009



immunisation

the safest way to protect our children

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What is the purpose of this Hib booster catch-up campaign?

This campaign will provide a Hib booster to young children who have not previously been offered one.

Why has this been recommended?

The Joint Committee on Vaccination and Immunisation (JCVI), the expert body which advises the Government on the national immunisation programme, recommends that this group of children receives a Hib booster, in line with the protection already offered to older and younger children

Which children does it affect?

The children in the target group are those born between 13 March 2003 and 3 September 2005, who will be between two years and four years five months old at the start of the campaign in September 2007.

When will the Hib booster be given?

For most children, the Hib booster will be given as part of their pre-school immunisation, so that a separate appointment or a separate injection will not be required.

What is Hib?

Hib is an infection caused by *Haemophilus influenzae* type b bacteria. It can lead to a number of serious illnesses, such as septicaemia (blood poisoning), pneumonia and meningitis.

Does the vaccine protect against other types of meningitis?

The Hib vaccine only protects against the type of meningitis caused by the Hib bacteria – it does not protect against meningitis caused by other organisms.

When was the Hib vaccine first introduced?

In 1992, for all infants in the UK. The introduction of the Hib vaccine produced a dramatic fall in the incidence of Hib, although between 1999 and 2002 there was a small increase in the number of cases.

Why is a booster immunisation needed?

Booster immunisations are given because the protection offered by primary immunisation in infancy may begin to wear off after a time. A booster dose extends the period of protection through early childhood.

Was there a Hib booster catch-up in 2003?

Yes. A catch-up programme in 2003 offered a Hib booster to young children, reducing the small increase in cases that had been seen from 1999.

Do we now have a routine Hib booster for babies?

Yes. In September 2006, a Hib booster, combined with a MenC booster (MenC/Hib vaccine), was introduced as routine for children at 12 months of age.



Is there a group of children who haven't had the booster previously?

Yes. Children born on or after 13 March 2003 would have been too young for the Hib booster campaign in 2003. And children born before 3 September 2005 would be too old to have received the new Hib/MenC booster at 12 months of age after it was introduced in September 2006.

When will children be offered the Hib booster?

From 10 September 2007, when children in the group described above are given their pre-school immunisation, they will be given a Hib booster as well.

Will an extra injection be needed?

The Hib-containing vaccine will normally be part of the pre-school booster vaccine, so an extra injection won't be necessary for most children.

What is the pre-school booster that will be given?

The pre-school booster that will be used (Infanrix-IPV+Hib) is similar to the current booster, but also contains Hib vaccine.

Will there be extra adverse reactions caused by the different pre-school booster?

We do not expect to see any more adverse reactions than we would have seen due to the currently used pre-school booster.

What are the side effects to the pre-school boosters being used?

As with most vaccines, the most common side effects are likely to be redness, swelling or tenderness at the injection site. Sometimes this can be quite a large area of swelling, though this settles down within a few days at most.

What about MMR?

The routine second dose of MMR will be given with the pre-school booster as usual.

If a child in the age group being targeted has already had their pre-school booster, will they miss out on the Hib booster?

No, if a child is in this age group and has already had their pre-school booster, they should be offered a new appointment to be given a Hib-containing vaccine.

Are we recalling many children for an extra immunisation?

It will only be a minority of children who need to be recalled in the targeted age group.

What vaccine will be given to the children who have already had their pre-school booster?

For children who have already had their pre-school immunisations, they should be sent an appointment to be given the Hib/MenC vaccine.

Why will these children receive MenC as well?

Hib/MenC vaccine is the only suitable Hib-containing vaccine currently available for this group. Having an extra dose of MenC at the same time may also offer an extra benefit to the children receiving it.

If children need to be recalled for Hib/MenC vaccine, should there be a minimum time interval?

For those children who may have very recently received their pre-school booster, further immunisation can be offered as soon as an appointment can be arranged.



Do all children receive their pre-school immunisation at the same age?

In some areas, pre-school immunisations are given to children three years following completion of primary immunisation (that is when children are three years and four months old, or soon after). Some areas offer pre-school immunisation when children are four years old.

Is this being changed?

Yes. As part of this campaign, all areas are being asked to phase in pre-school immunisation at the earlier age.

Do children have to have this immunisation?

In the UK, parents can decide whether to have their children immunised. The vaccination is recommended because it gives children extra protection against a serious disease.

Will there be an increase in 'herd immunity' as a result of this campaign?

The primary purpose of the campaign is to offer additional protection to the age group concerned, as they haven't had a booster previously.

Where can parents get further information?

If parents want more information or advice on any aspect of immunisation, they should speak to their doctor, practice nurse or health visitor.

Parents can also visit the national immunisation website at www.immunisation.nhs.uk and the immunisation section at the Department of Health, Social Services and Public Safety (DHSSPS) website, www.dhsspsni.gov.uk/phealth

When was this campaign recommended?

The campaign was recommended by the JCVI in February 2007. Considerable planning work was needed before the launch date could be announced.

Is this extra work for GPs and other providers?

There will be some additional work for GPs and other providers, where some older children have to be recalled for an additional immunisation visit. Separate funding will be made available to Health and Social Services Boards.

Why are vaccines being used 'off-label'?

Vaccines are sometimes recommended for use outside the specification of their licence (so called 'off-label' use). This is based on detailed consideration by an expert group and endorsed by JCVI.

Why does the template PGD for Infanrix-IPV+Hib give an age limit of six years?

For children who receive their pre-school booster late, there may be a small number that are five years old by the end of the campaign in March 2009.

Note: the template PGD is available from www.dhsspsni.gov.uk/phealth



When will the current pre-school boosters be made available again?

The current pre-school boosters (Infanrix-IPV and Repevax) will not need to be used again routinely until January 2009.

What do we give children born before 13 March 2003 who haven't yet had a pre-school booster?

Children born before 13 March 2003 should have been offered a Hib booster and should be given one of the current pre-school boosters, Infanrix-IPV or Repevax. If however, they have not previously had a Hib booster, they may receive one of the Hib containing pre-school boosters, Infanrix-IPV+Hib (or alternatively Pediacel).

Towards the end of the campaign, what do we give to children who were born after 3 September 2005?

Children born after 3 September 2005 should have had the Hib/MenC booster (Menitorix) at 12 months of age. The first of this group of children will be due for their pre-school booster in January 2009 and they will not need to be given a Hib-containing pre-school booster. Any child in this group who did not receive a Hib/MenC booster previously should do so.

Why does the campaign continue until March 2009?

The end date of 3 March 2009 has been chosen because this is the point by which the very youngest children in the age group being targeted become three years six months old, by which time the vast majority of these children should have been offered their pre-school immunisation.

Is there a 'cross-over' period at the end of the campaign?

Yes, there will be a short period, in early 2009, when both Hib-containing and non Hib-containing vaccines will need to be used as the pre-school booster.

In that period how is it decided which children receive a Hib-containing pre-school booster?

Based on the child's age primarily. If a child falls within the age-range given, they should be offered a Hib-containing pre-school booster. If they are outside the age range, they should only receive a Hib-containing pre-school booster if it is known that they did not receive a Hib booster previously.

Could there be children in the age group concerned who have had a Hib booster before?

This is possible, although unlikely. If a child in the defined age group is known to have had a Hib booster previously then a further Hib-containing vaccine is not required and one of the current pre-school boosters (Infanrix-IPV and Repevax) should be given.

After the campaign has finished, what pre-school booster will be used?

Once the campaign is finished, there will be no need for children to receive a Hib-containing pre-school booster, as they should already have received a Hib booster at 12 months of age.

Can a child in the cohort who attends for their pre-school booster before 10 September be given a Hib-containing vaccine?

No, the only vaccine available at present for this purpose is Pediacel and stocks of this vaccine should be conserved for use in the primary immunisation programme.





Department of
**Health, Social Services
and Public Safety**

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