

Castle Buildings
Upper Newtownards Road
Belfast
BT4 3SJ

e-mail:lorraine.doherty@dhsspni.gov.uk

Tel: 028 90 520717

Fax:028 90 520718

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To:

All General Practitioners (for onward distribution to practice staff)

Consultants in Communicable Disease Control

Community Pharmacists

Medical Directors of HSS Trusts (for onward distribution to relevant consultants)

Nursing Directors of HSS Trusts (for onward distribution to relevant nurses including Health Visitors,
School Nurses and Treatment Room Nurses)

Directors of Public Health, Health & Social Services Boards

Directors of Nursing, Health & Social Services Boards

Directors of Nursing, Health & Social Services Trusts (for onward distribution to relevant consultants)

Directors of Pharmaceutical Services, Health & Social Services Boards/Trusts & CSA

Regional Epidemiologist, CDSC

Dear Colleague

PRE-SCHOOL ACELLULAR PERTUSSIS BOOSTER

The purpose of this letter is to inform you of a change to pre-school booster immunisation. As of 10th December 2001 all children eligible for pre-school booster should be offered diphtheria, tetanus and acellular pertussis (DTaP) vaccine instead of the diphtheria tetanus (DT) vaccine, which is currently offered. This policy change is based on a recommendation from the Joint Committee of Vaccine and Immunisation (JCVI) that a pre-school booster against pertussis be introduced into the routine childhood immunisation programme.

The rationale behind this policy change is that there is now evidence that pertussis continues to be the cause of significant morbidity in children too young to be fully protected. These children may well be catching pertussis from older siblings or parents who are not immune. There is also evidence that pertussis infection in adults and older children has a significant public health burden.

Currently all children are offered diphtheria tetanus and wholecell pertussis vaccination (DTP) at 2, 3 and 4 months. Recent research confirms that the immunity derived from pertussis immunisation at this age is not long lasting. An acellular pertussis vaccine has recently become available which is well tolerated by older children and offers the opportunity to boost immunity. Wholecell pertussis vaccine is considered unsuitable for use as routine booster at 4 years of age due to the increased rate of adverse reactions in older children.

Vaccine Safety and Efficacy

A recent study* undertaken in the UK has assessed the impact of adding acellular pertussis vaccine to the current pre-school immunisation schedule. This study identified no new safety concerns and good protection was achieved. In addition, the study assessed whether or not immunisation with MMR at the same time would have an impact on adverse reactions. No increase in reactions or fevers in the 10 days after immunisation or in the proportion of patients requiring a doctor's visit in the 4-6 weeks after immunisation was observed. Many other countries in Europe as well as the USA have already introduced acellular pertussis boosters into their routine programmes. Although there is not evidence to link Thiomersal in vaccines with any neuro-developmental disorders, it should be noted that DTaP vaccine is Thiomersal free, DT still contains Thiomersal.

**Miller E, Waight P et al. Immunogenicity and reactogenicity of acellular diphtheria/tetanus/pertussis vaccines given as a pre-school booster: effect of simultaneous administration of MMR. Vaccine 19 (2001); 3904-3911*

Action Required by General Practitioners

From 10th December 2001 DT vaccine should no longer be offered for routine pre-school booster immunisation. Instead DTaP vaccine should be offered. There is no additional cost to General Practitioners for this change in policy as all vaccine is purchased centrally. Fees paid to General Practitioners for pre-school immunisation will remain unchanged. Parents of children who have already had DT booster may wish their child to have acellular pertussis vaccine separately. This should be offered and a fee will be paid in the usual way. Target payments for GPs will be unaffected as they will continue to be calculated on DT uptake.

General Practitioners should continue to administer DTP, which contains wholecell pertussis, to children receiving their primary immunisation at 2, 3 and 4 months. Acellular pertussis vaccine is not suitable for immunisation of babies of this age. However, DTP vaccine should not be offered for pre-school booster immunisation as the wholecell pertussis component can cause severe local reactions in children of this age. DTaP should be offered for pre-school booster. Supplies of DTaP vaccine will be available during November. DT vaccine should be offered to children whose parents refuse acellular pertussis vaccine.

Information for Parents

The introduction of this change to pre-school booster on 10th December will be accompanied by a press release informing the public of this change. However, up-to-date leaflets on the changes to pre-school booster are not yet available. These are currently being updated and will be available in February 2002. In the meantime we have enclosed 10 copies of an information sheet, which may be given to parents bringing their child for pre-school booster. This information sheet may be copied further when required. An important issue to reinforce with parents is the need for immunisation of each individual child as herd immunity is not sufficient to protect their child against pertussis infection.

Action for Immunisation Co-Coordiators

Modifications will be made to the Child Health System to enable recording of administration of DTaP for pre-school booster. Details of these changes will be sent later. Consultants in Communicable Disease Control should monitor the uptake of DTaP vaccine the same way as uptake of DT pre-school booster was previously monitored.

The introduction of acellular pertussis in the pre-school immunisation programme is to be welcomed as an opportunity to further protect children in Northern Ireland from one of the serious infections of childhood. If you require any further information please contact the following:

Dr Lorraine Doherty (Medical Issues)

Tel: 02890 520717

E-mail: lorraine.doherty@dhsspsni.gov.uk

Dr Vanessa Chambers (Pharmaceutical Issues)

Tel: 02890 523279

E-mail: vanessa.chambers@dhsspsni.gov.uk

Dr Carolyn Mason (Nursing Issues)

Tel: 02890 520795

E-mail: carolyn.mason@dhsspsni.gov.uk

Yours sincerely

DR H CAMPBELL
CHIEF MEDICAL OFFICER

DR N MORROW
CHIEF PHARMACEUTICAL OFFICER

MISS J HILL
CHIEF NURSING OFFICER

cc: Chair of General Practitioners Committee (NI), British Medical Association
Chief Executives, HSS Boards and HSS Trusts
Primary Care Medical Advisers, HSSB
Prescribing Advisers, HSSB
Pharmaceutical Contractors Committee
Community Practitioners & Health Visitors Association
Dr H Campbell
Dr Elizabeth Mitchell
Dr Maura Briscoe
Mr Derek Baker
Dr Jill Mairs

INFORMATION FOR PARENTS

PRE-SCHOOL BOOSTER IMMUNISATION – Diphtheria, Tetanus and Pertussis (DTaP) Vaccine

Until December 2001 all children were offered DT vaccine, as part of their pre-school booster immunisations, to boost their immunity to diphtheria and tetanus infections.

This vaccine is now being replaced by DTaP vaccine, which will also protect your child against pertussis (whooping cough).

Recent research has shown that the immunity to whooping cough from the vaccines that children are given at 2, 3 and 4 months old may not last as they get older. The new DTaP vaccine will boost your child's immunity to whooping cough and also protect babies who are too young to have all their immunisations. It is important that each child is immunised as 'herd immunity' is not sufficient for individual protection.

Effectiveness of DTaP Vaccine

Many studies have shown that the DTaP vaccine is very effective. DTaP has been given to children in the United States and some other European countries for a number of years.

Side Effects from the DTaP Vaccine

There may be a number of very minor side effects from the vaccine. Your child may have some redness and swelling at the site of the injection but this should disappear in a few days. Occasionally a small, hard lump will appear in the same place but this will also disappear, usually over a few weeks. Some children may develop a temperature and be irritable and unwell.

What is Diphtheria?

Diphtheria is a serious disease that usually begins with a sore throat and can quickly develop to cause problems with breathing. It can damage the heart and nervous system, and it can kill. Diphtheria can be spread by close contact with an infected person.

What is Tetanus?

Tetanus is a painful disease that affects the muscles and can cause breathing problems. It is caused by germs that are found in soil and manure and can get into the body through open cuts or burns. Tetanus affects the central nervous system and, if it is not treated, it can kill.

What is Pertussis (Whooping Cough)?

Whooping Cough is a disease that can cause long bouts of coughing and choking which can make it hard to breathe. It can last for up to 10 weeks. It can be very serious and even life threatening in babies under 1 year old. Whilst not as serious in older children it can still be very unpleasant and make them unwell for several weeks.

Is there a difference between the DTaP Vaccine and the DTP Vaccine given to babies at 2, 3 and 4 months old?

The pertussis part of the DTP vaccine works well for babies but it causes a high rate of mild reactions in older children. The acellular pertussis (AP) vaccine is more suitable for older children.

Further information on immunisation is available from your General Practitioner or Health Visitor or at:

www.dhsspsni.org.uk or www.immunisation.org.uk