

Professor Breda Smyth
Interim Chief Medical Officer
Department of Health
Block 1, Miesian Plaza
50 – 58, Lower Baggot Street
D02 XW14

03 October 2022

cc Dr Colette Bonner DCMO
Ms Pauline Brady CMO Office

Re: Discontinuation of combination *Haemophilus influenzae* type b and meningococcal Group C vaccine

Dear Professor Smyth,

As you may be aware, in 2023/24 production of the combination vaccine that incorporates both *Haemophilus influenzae* type b and meningococcal group C vaccines (Hib/MenC) will cease. As there is no equivalent combination vaccine, an alternative needs to be available for children born in 2025.

The Hib/MenC vaccine is routinely administered at the 13 month immunisation visit at the same time as pneumococcal conjugate vaccine (PCV13). Separate Hib and MenC vaccines are available.

NIAC are reviewing the primary childhood immunisation schedule and evaluating the evidence to inform a number of potential changes including, but not limited to:

1. the addition of varicella vaccine
2. the need for booster doses of polio and pertussis vaccine
3. a reduction in the number of vaccine doses of MenC and PCV
4. substitution of PCV20 or PCV 15 for PCV13.

A key component to help inform the recommendations will be the outcome of the varicella vaccine health technology assessment (HTA) currently being undertaken by HIQA that is expected in early 2023. NIAC aims to have a proposal for a revised childhood vaccination schedule shortly after the publication of the HTA.

While ideally multiple changes to the immunisation schedule should be implemented simultaneously, an earlier decision regarding replacement of the Hib/MenC combination vaccine is required to allow for vaccine procurement in advance of supply depletion, health

professional training and preparation of communications and information materials for parents and vaccinators.

As an interim measure NIAC recommends that, when Hib/Men C combination vaccine becomes unavailable, it should be replaced by two monocomponent vaccines (i.e., Hib and Men C vaccines). This will increase the number of injections at the 13 month vaccination visit from two to three. Increasing the number of injections could reduce caregiver acceptability, therefore every effort should be made to ensure uptake is not adversely affected by this change.

Yours sincerely,

Karina Butler
Imc 03054

Professor Karina Butler
Chair NIAC

Current and proposed interim early childhood immunisation schedule

Age (months)	6in1	MenB	MenC	PCV	Rota	Hib/MenC	MMR	Hib	MenC	Number of vaccines IM (+oral)
2	Current vaccine	Current vaccine	Current vaccine	Current vaccine	3(+1)					
4	Current vaccine	Current vaccine	Current vaccine	Current vaccine	2 (+1)					
6	Current vaccine	Current vaccine	Current vaccine	Current vaccine	3					
12	Current vaccine	Current vaccine	Current vaccine	Current vaccine	2					
13	Current vaccine	Current (To be discontinued)	Current vaccine	Proposed replacement vaccines	Proposed replacement vaccines	3				

	Current vaccine	Current (To be discontinued)	Proposed replacement vaccines	
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