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Opportunistic Measles Immunisation within the Paediatric Inclusion Health Service

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Dear Editor,

In recent months there have been 136 confirmed cases of measles in Ireland, and 22 separate outbreaks[1]. The majority of these cases are in children and in the HSE Dublin and North East area[1]. The Dublin's north inner city has the lowest rate of vaccination uptake in the country, with MMR1 vaccination coverage at 86.5% by 24 months of age, and overall MMR coverage estimated at 74%[2]. This area also houses the highest number of people residing in emergency accommodation in the state, with 78.4% of children in homelessness nationally living in Dublin, the vast majority in the north inner city[3]. This figure does not include families housed in direct provision centres. Those in emergency accommodation and others in congregated settings are at particular risk of outbreaks.

As part of the Inclusion Health Clinic at Children's Health Ireland we offer comprehensive biopsychosocial assessment for a cohort of children experiencing significant social exclusion. Patients referred to the clinic are international protection applicants, refugees, living in homelessness or from marginalised ethnicities at risk of exclusion, who may not have equitable access to healthcare. Following recognition of the high exposure risks and baseline sub-optimal vaccination coverage within our patient cohort, we established a pilot opportunistic vaccination programme in the context of the current measles outbreak.

This was approved with the support of hospital management and the department of paediatric infectious disease. A vaccine fridge was funded by the hospital and liaison with pharmacy colleagues led to the provision of adequate stocks of MMR vaccine and supportive medications. Team training in assessing eligibility and MMR vaccine administration was held.

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All candidates were consented with appropriate support from interpreters as required, and MMR information available in translated format across multiple languages.

To date, we have administered 37 MMR vaccinations (34 registered patients and 3 siblings) attending for routine appointments between April to October of this year. 17 (45.9%) were female and median age was 13 years (range 3-17 years). Five (13.5%) identified as members of the Roma community. 13 children (35%) were classified as unaccompanied minors. Of this group, nine were living in group residential care facilities, three in private foster accommodation and one in a reception centre. Of the remaining 24 children vaccinated, 20 (83.3%) were living in congregated settings.

Table 1

Country of origin	Number of children vaccinated
Afghanistan	6
Brazil	1
DRC	2
Georgia	2
Jordan	1
Kuwait	1
Lithuania	1
Nigeria	6
Palestine	1
Romania	5
Sierra Leone	1
Somalia	4
Uganda	1
Ukraine	3
Wales	1
Zimbabwe	1
Total	**37**

Table 1. The countries of origin of children vaccinated are outlined above.

No child had any medical contra-indications to live immunisation, though several candidates attending the clinic refused or wished to postpone MMR vaccination. No serious adverse

events or allergic reactions were recorded in the cohort. The reasons for low vaccine uptake were multifactorial and included barriers to vaccine access and to the availability of culturally appropriate information. Opportunistic vaccination integrated into routine outpatient care facilitates vaccine uptake particularly for vulnerable populations. While the priority should be reaching unvaccinated children in the community setting, there is an important opportunity for acute hospitals to support existing public health efforts through opportunistic vaccination, in an endeavour to truly make every encounter count.

Declarations of Conflicts of Interest:
None declared.

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