



**PLEASE ENSURE ALL GPs, NURSES AND OTHER INTERESTED STAFF RECEIVE THIS NEWSLETTER**

## **IMMUNISATION NEWSLETTER – AUGUST 2007**



### **ROTAVIRUS VACCINATION**

Rotavirus vaccine was added to the NIP (National Immunisation Schedule) from 1 July 2007.

Unfortunately, once again VIC and NSW are using different vaccines, which is important for you all to be aware of. (Both are ORAL vaccines)

#### **Differences between Rotavirus vaccines**

	<b>(VIC) - Rotateq®</b>	<b>(NSW) - Rotarix®</b>
<b>Produced by</b>	CSL/Merck	GlaxoSmithKline (GSK)
<b>Method</b>	<b>Oral</b>	<b>Oral</b>
<b>No of Doses</b>	<b>Three (3) oral doses</b>	<b>Two (2) oral doses</b>
<b>Age for routine administration</b>	2 month 4 months 6 months	2 months 4 months
<b>Minimal interval between doses</b>	4 weeks	4 weeks
<b>Age limits for dosing</b>	1st dose by <b>12 weeks</b> 3rd dose by <b>32 weeks</b>	1st dose by <b>14 weeks</b> 2nd dose by <b>28 weeks</b>

#### **Rotavirus Vaccine by Jurisdiction**

<b>State/Territory</b>	<b>Rotateq</b>	<b>Rotarix</b>
ACT		✓
VIC	✓	
NSW		✓
QLD	✓	
NT		✓
WA		✓
SA	✓	
TAS		✓

- Only babies born after 1 May 2007 are eligible to receive this vaccine as part of their routine vaccinations. *This means if a mother presents tomorrow with a 4 month old, he/she is not eligible for free Rotavirus vaccine, even though it is part of the schedule at 4 months of age.*
- If a baby does not receive the first dose of Rotavirus vaccine by the cut-off date (ie 12 weeks for Rotateq and 14 weeks for Rotarix), no further doses should be given.

- **Redosing following “spit up” or regurgitation**

Rotateq PI states - Redosing is not recommended if a baby spits or regurgitates the vaccine.

Rotarix PI states - Redosing is not recommended if a baby spits or regurgitates the vaccine.

However if you are confident that all or most of a dose has not been swallowed, then you may redose at the same visit.

*The NCIRS recommends using clinical judgement when deciding if redosing with either Rotavirus vaccine is necessary - in the event that it is obvious to an immunisation provider that the whole dose is immediately spat up in front of them, re-dosing could be considered. The NCIRS fact sheet tries to take this position, and take into account the differing approaches in the PI. Again this is not based on formal studies, but something of a considered judgement.*

- Please read the illustrated dosing information leaflets provided with Rotateq and Rotarix. The procedures must be followed correctly to ensure that the vaccine is properly dispensed. If you would like an illustrated copy of the dispensing information, please contact me at the division.
- Adverse Events: - In the week after vaccination, fever, vomiting and diarrhea are possible side effects. Any unexpected adverse event from Rotavirus vaccination should be reported. This is especially important when new vaccines are introduced into the schedule.
- Parents should be strongly encouraged to complete the babies’ immunisation schedule in the one State, as it is not desirable to change from one Rotavirus vaccine brand to another.
- If anyone would like to view a brief DVD on Rotavirus vaccine (including reconstitution and administration) please let me know – I have plenty of copies to give away.



### **DON'T BECOME COMPLACENT**

The recent case of polio identified in a Pakistani student who returned to Australia from a holiday in Pakistan with the disease, highlights the importance of immunisation, and the fact that those who are not fully immunised are still at risk of contracting vaccine preventable diseases (VPD), even though they may not have been seen in Australia for many years.

We also need to remember that although the immunisation rates in Australia are very high, there are many tourists and immigrants in Australia who may not be immunised, and may bring disease into our country. Australians who have not been fully immunised are also at increased risk of contracting a VPD when travelling to other parts of the world where immunisation rates are significantly lower and VPDs much more prevalent.

When seeing a new patient for the first time, ask them about their immunisation status, and take the necessary steps to get them up-to-date. Don't forget MMR, Men C and Hep B.

When you have patients who are travelling, ensure that it's not just the plane that your patients catch!

## NEW SCHEDULES AND VACCINES - BORDER DIVISION RESOURCES

Included with this newsletter are some new resources to assist you. These include:

- Laminated dual State (NSW and VIC) schedules.
- Laminated double sided NSW or VIC schedule (as appropriate)
- Laminated double sided Advice and Assistance sheet (NSW and VIC)
- Laminated HPV patient handout
- HPV record sheet (manual version)

### HPV (GARDASIL) VACCINATION PROGRAM

#### Promotion.



VICTORIA and NSW – commenced in general practice on 16<sup>th</sup> July. Active promotion of this free vaccination program is important to ensure maximum uptake in the eligible females in your practice.

CSL has a huge range of promotional materials available. Those suitable for general practice include:

- 1) Banners for outside the surgery, eg. sandwich board
- 2) The waiting room leaflet
- 3) The Waiting room posters
- 4) Window sticker
- 5) GP Banner
- 6) Reminder/appointment cards (both sides shown)

If you haven't seen these materials, or would like more, contact Clare Doherty (CSL) on 0412 385 488.

#### HPV Vaccination checklist

1. Explanation: Explain HPV vaccination to patient and offer patient handout/Gardasil fact sheet. Confirm patient is not pregnant or allergic to yeast. (contraindications to Gardasil vaccination).
2. Consent: Document that risks and benefits of vaccination have been discussed with patient and consent given.
3. HPV register: Explain the importance of the HPV register (immunisation record, links to PAP register and incidence of cervical cancer). Document consent given/declined.
4. Vaccinate.
5. Record – batch number, expiry.
6. Recall – add patient to recall
7. Next appointment – make appointment for 2<sup>nd</sup> dose in 2 months time and offer reminder card

#### Alternative HPV Vaccine - Cervarix

GlaxoSmithKline (GSK) have developed a vaccine 'Cervarix' as an alternative to rival vaccine, CSL's Gardasil, and Australia could be the first country to approve marketing of it.

It is indicated for use in females from 10 to 45 years of age for the prevention of cervical cancer caused by human papillomavirus types 16 and 18, and if approved, would provide the first cervical cancer vaccine recommended for women over 26 years of age. (Gardasil is indicated for females aged between nine and 26.)

GSK is currently in discussion with the TGA regarding the PI (product information) and hope to secure a final registration approval and listing on the ARTG (Australian Register of Therapeutic Goods) as quickly as possible.

GSK is awaiting the outcome of a submission to the Pharmaceutical Benefits Advisory Committee for Cervarix to be included in the National Immunisation Program.

## HPV Register

A National HPV Vaccination Program Register (HPV Register) is being developed to collect HPV vaccine data by the Australian Government. Currently, the register is in its infancy with the establishing legislation still sitting on the table in Federal Parliament. The Bill will be debated and presumably passed in August after the winter recess. In the mean time, we need to encourage all practices to collect HPV data and hold it for future lodgement with the register.

### Who the data will be collected for

The proposed register will receive data of HPV immunisations of all girls between the ages of 12 and 18 years of age. Data for older girls and women (18 to 26 years of age) can also be recorded until the funded program finishes at the end of June 2009.

### Payment

A \$6 administration fee will be paid to GPs by the Commonwealth for lodgement of each HPV immunisation encounter for the 12 to 18 year olds once the register is up and running.

There will be no payment for lodging encounters for women 18 – 26 years old, however we strongly encourage GPs to lodge this information as it will be recorded, and will better enable the success of the program (decreased incidence of cervical cancer ) to be evaluated in years to come.

### What the data will be used for

Personal information collected on the Register will not be made available publicly but will be used to evaluate the impact of the HPV Vaccination Program on cervical cancer rates, to issue reminders if the course is incomplete and to contact vaccine recipients if booster doses are required. If your patient's details are not included in the Register it may not be possible to contact her about booster doses.

### How you can collect the HPV Data

As this register is not yet operational, all practices will be asked to collect and hold the information until it can be forwarded on. You can collect data by:

1. Using your medical software – I have included with this newsletter instructions for collecting HPV information using Medical Director and Zedmed software and examples of what the printout of data looks like. These also include instructions to help retrieve the information in a report format which can then be sent to the register later in the year.
2. If you do not have desktop software we still encourage you to collect the data. I have also included a template that can be used to collect the data with the fields that will be needed to populate the proposed register.

[Manual template - excel](#). This spreadsheet can be populated and kept electronically (in excel) or printed off and populated by hand and kept in hardcopy. (Please contact me if you would like a copy)

[Manual template - word](#). This table can be populated and kept electronically (in word) or printed off and populated by hand and kept in hard copy.

**All data needs to be kept safely until the proposed register is operational later this year.**

### \*\*\*\*\*Important – Policy change for HPV vaccination in 26 year old women\*\*\*\*\*

We have been informed that the Commonwealth has reviewed their vaccination policy for Gardasil. The policy regarding completion of vaccination courses after a woman has turned 27 years old has recently been reviewed and clarified.

**“A woman who commences vaccination with HPV vaccine before she turns 27 years is eligible to receive free HPV vaccine to complete the course, even if she turns 27 years before the course is complete”**

## **INFLUENZA DEATHS IN CHILDREN**



Influenza can be a serious and life threatening illness as highlighted by the deaths of 6 young children in Australia recently. Children with chronic disease are at increased risk. Children older than 6 months of age may be vaccinated against influenza, although routine vaccination of children is not recommended (see revised influenza vaccination table below).

In Victoria, seasonal activity of influenza has just begun to increase.

The recent deaths from influenza have all been as a result of Influenza A.

These children were previously well, and appeared to have had a short prodrome of viral illness with fevers, upper respiratory tract symptoms, cough and lethargy followed by rapid deterioration and death. All of the children showed signs of influenza A H3N2 infection. Several siblings of these children also become unwell and had confirmed influenza A infection.

After further pathology testing it became apparent that all of the children succumbed to secondary streptococcal infection and the tragic outcome was the consequence of infection firstly with influenza A and then a haemolytic streptococcus.

Regular review of children likely to have influenza is suggested if they are not to be admitted to hospital.

### **Clinical features of influenza**

Fever, headache, myalgia, lethargy, coryza, sore throat and cough. Infections in children can be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

The case definition for influenza like illness is FEVER, COUGH and FATIGUE.

### **Diagnosis**

#### **Collection of nasal and throat swabs**

Use dry sterile swabs, one for each nostril and one for the throat. Place all swab heads into the same tube of viral transport medium (VTM). If VTM is not available, then replace swabs into a dry tube. **Do not use agar transport medium.** Specimens can be stored in the fridge, but not in the freezer. Specimens should be transported in an esky with a cooler block, but ensure that samples do not come into contact with the cooler block. The usual pathology service providers can be used.

### **Case management**

Symptomatic treatment alone is sufficient for most cases. A neuraminidase inhibitor, if commenced within the first 48 hours of the onset of illness, can decrease the severity and duration of the illness. However, if the patient is significantly unwell refer the patient to an Emergency Department for assessment and management.

### **Promote control of spread**

Important measures for control include hand washing, coughing or sneezing into tissues, cleaning of contaminated surfaces and isolating patients from work or crowded places during the infectious period.

### **Influenza Vaccine**

Influenza vaccine does not offer post exposure protection, but can be given as a preventive measure against future infection.

Influenza is not recommended by the National Health and Medical Research Council (NHMRC) as a universal population based vaccination program for children, however it can be given to any person >6 months of age who wishes to reduce the likelihood of becoming ill with influenza.

## Recommended doses of influenza vaccine

Age	Dose	Number of doses (first immunisation)	Number of doses ** (subsequent years)
6 months-<3years	0.25mL	2*	1
3-9 years	0.5mL	2*	1
<9 years	0.5mL	1	1

\* Two doses at least 1 month apart are recommended for children aged <9 years who are receiving influenza vaccine for the first time. The same vial should not be re-used for the 2 doses.

\*\* If a child 6 months to <9 years of age receiving influenza vaccine for the first time inadvertently does not receive the second dose within the same year, they should receive 2 doses of vaccine the following year.

Full protection is usually achieved within 10 to 14 days of vaccination.

**Vaxigrip Junior (Sanofi)** is an influenza vaccine, 0.25 ml in a pre-filled syringe for use for children aged 6 months to 3 years of age. Use of Vaxigrip Junior (instead of 1/2 adult flu vaccine) in this age group will reduce wastage in the current environment

Further vaccine information can be found in the NHMRC Australian Immunisation Handbook. Note that the dose schedule provided here for children comes from the new draft 9<sup>th</sup> Edition Handbook which can be found on line at [www.immunise.health.gov.au](http://www.immunise.health.gov.au).

Remember that laboratory confirmed influenza is a notifiable disease under the *Health (Infectious Diseases) Regulations 2001*. Doctors and laboratories are required to notify cases within 5 days to DHS. Notifications can be completed by post, by fax to 1300 651 170 or telephoned to 1300 651 160.

If you require further information please call the Communicable Disease Control Unit on 1300 651 160.

## Victorian Health Management Plan for Pandemic Influenza

The VHMPPI is now available – building upon the foundation established by the Victorian Pandemic Influenza Plan, Dept of Health and Ageing plan, and several others.

The VHMPPI is available at: [http://www.health.vic.gov.au/ideas/regulations/vic\\_influenza](http://www.health.vic.gov.au/ideas/regulations/vic_influenza)

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## FOR VICTORIAN PRACTICES – DHS SUPPLIED VACCINES

There have been some changes to the DHS supplied vaccines to general practice.

**MMR vaccine** is no longer free to all those born after 1966 who have not been immunised. In addition to the 12 month and 4 year old schedule, it is only funded for:

- non-immune females planning pregnancy, or with a low rubella levels following pregnancy;
- school age children with no documented history of receiving 2 doses of MMR vaccine

**HEP B paediatric** – *discuss with DHS before ordering.* (In addition to the schedule) is only funded for:

- unvaccinated children born after 1 May 2000
- Adolescents aged 16 – 19 years who missed the Year 7 school vaccination course
- Household contacts (children) of a Hep B carrier or injecting drug user.

**HEP B adult** – Is only funded for:

- Secondary school students up to 15 years who missed the Year 7 vaccination course (2 doses)
- Household contacts of a Hep B carrier or injecting drug user.

*Adult Hep B is used for this age group as there is a better uptake with the 2 dose course.*

**MENINGOCOCCAL C:** (In addition to the schedule) is only funded as a catch-up for children born after 1 January 2002. *(Still free in NSW up to age 25).*

**ADT** is only provided for a booster *at 50 years of age* – not 51, 53, 56, etc

## COLD CHAIN CHECKLIST



- Do you check your vaccine stock every month to ensure no vaccines are out of date?
- Do you store your new vaccine order behind those already in your fridge, to ensure you use the older stock first?
- Do you keep vaccines in their original packaging? (Many vaccines must not be exposed to light, and are protected if kept in their packaging until use. These include: Varicella, most DTPa vaccines, Meningococcal C, Yellow fever, BCG, reconstituted MMR)

If you have a domestic fridge:

- Do you store MMR vaccines on the coldest shelf in your fridge? MMR and lyophilised varicella are the only two vaccines on the schedule that aren't destroyed by freezing. However as you must not freeze the varicella diluent (which should be kept with the vaccine to prevent reconstitution errors), keep varicella vaccine away from your cold spots.
- Do you keep bottles of salt water in the door and bottom of your fridge to assist in stabilising the internal temperature when the door has been opened? (1 – 2 tblsp salt per litre of water)
- Do you defrost your fridge regularly to prevent ice build-up?
- Do you know how to read your minimum /maximum thermometer properly, and reset it after every reading?
- Do you act appropriately on thermometer readings outside the accepted range of 2 – 8 deg C? Contact your vaccine supplier/CPH for advice on discarding vaccine if your thermometer shows the temperature has dropped to 0 degrees C or below.

Your vaccines are expensive, and it's important to ensure that every vaccine you give is a viable, in-date, appropriately stored vaccine.

### **Cold Chain Failure: a wake-up call to all practices**

Unfortunately one of our practices experienced a cold chain failure this month, after purchasing a new *domestic* fridge. Their fridge thermometer was not working properly, and the new one they had ordered had not yet arrived. When I logged the fridge for a week we discovered that the temperature had dropped to below 0 degrees for 4 hours.



CPH in Albury was contacted. **The entire contents of the fridge had to be discarded** (NSW Health orders) and all vaccinees since the fridge had been installed – recalled. All vaccine was with-held from the clinic until a new (purpose built) fridge could be purchased and installed.

**The total value of the destroyed vaccines - \$16,000.00.**

This is a terrible waste of vaccines, money, GP and staff time, and very unfortunate for the patients who will have to return to be revaccinated.

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### **BE CAREFUL!**

It has come to my attention that GPs (and nurses?) are still making errors when vaccines need reconstituting. That is, they're forgetting to reconstitute, and giving a non-viable, or incomplete vaccine!

Remember:

- Infanrix hexa is missing the HIB component until it has been mixed.
- Varilrix must be reconstituted with its supplied diluent. The lyophilised vaccine is not affected by freezing, but the diluent cannot be frozen. The vaccine must be used within 90 minutes of reconstitution.