

PLEASE ENSURE THAT ALL RELEVANT STAFF RECEIVE THIS NEWSLETTER

BORDER DIVISION IMMUNISATION NEWSLETTER

JANUARY 2007



Happy New Year everyone! I hope you all had an enjoyable Christmas/New Year break, and are ready for another busy year! 2007 will see changes to the immunisation schedules for school age children, with the addition of Gardasil into the schedule from April, and free Gardasil vaccine available to other eligible women (see article). Rotavirus vaccination is on the agenda, although if it receives government funding as hoped I doubt it will be introduced in the same year as Gardasil (unless they have access to a bottomless pit of money!)

Now is the time to ensure that any youngsters you see who are heading off to school this year are up to date with their immunisations, and to remind mums of pre-schoolers that immunisation is actually due at 4 years of age, not 5 years, so not to wait until their child is about to start school to bring them in for their boosters.

Now is also the time to start thinking about your Influenza and Pneumovax supply for 2007. Please review your usage in 2006 and order prudently so as not to waste vaccine. And don't wait until late March to put your order in. Get in early, and be prepared.

Do you have adequate fridge storage capacity for all your usual vaccines plus flu and pneumo? Have you considered investing in a dedicated vaccine fridge? A small vaccine fridge is economical in size and price but quite generous in storage capacity, and is a very reliable means of storing your valuable vaccines. Border division practices who have invested in a vaccine fridge have been very happy with the decision! Contact me for further information.

Cheers Kerry

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In this edition of the BDGP Immunisation Newsletter:

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WHAT'S NEW IN 2007? – GARDASIL VACCINATION

As the public are becoming aware of the new HPV vaccine, it is important that they receive correct information. There is some confusion about what the vaccine is for, who needs it, and when the government funded programs commence. The following summary may help you.

What is Gardasil? Gardasil (CSL) is currently the only vaccine approved for use in Australia for HPV (Human Papillomavirus). It prevents infection from HPV strains 16 and 18 if individuals are vaccinated before they are infected with them. 3 doses are needed 2 months then 4 months apart.

What is HPV? HPV is a sexually transmitted viral infection. HPV is common, and many people will acquire asymptomatic infection within a few years of becoming sexually active. There is a 50% – 80% risk of transmission of HPV from an infected person to another during unprotected sexual intercourse. It is estimated that approximately 79% of women will be infected with HPV at some time in their lives. Most will clear the infection within 1 – 2 years.

There are approximately 40 strains of HPV. 15 of the strains are “high risk type”, with strains 16 and 18 the most common of these. “High risk types” can cause persistent infection, which can lead to cervical cancer.

HPV 16 and 18 cause about 70 – 80% of all cervical cancers. HPV infection can also cause genital warts and lesions.

Who can have the vaccine? Gardasil is approved by the TGA for use in females aged 9 – 26 years, and males aged 9 – 15 years. Approval is made on the clinical effectiveness of the vaccines.

Who will be eligible for free vaccine? Gardasil will receive Government funding for the following:

- 12 – 13 year old girls in a school based program (probably Year 7) – as part of the National Immunisation Program
- 13 – 18 year old girls in a catch-up program, largely school based
- 18 – 26 year old women, predominately from GPs

When will the funded programs begin?

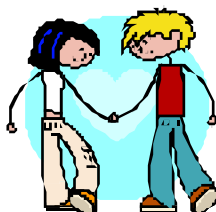
- It is expected that the funded programs will begin in schools by April 2007.
- It is expected that free vaccine will be available from GPs from mid 2007.

What about women older than 26 years? There is no evidence to support efficacy or safety of the vaccine in women older than 26 years. The vaccine is not effective in preventing cervical cancer from HPV in women already exposed to the virus, which mostly affects women aged 20 – 24 years. Of age.

What about young males? Gardasil is approved for males aged 9 – 15 years, but will not be funded. Vaccinating males is safe and provides an antibody response, but there is no data at this stage demonstrating that the vaccine is effective in preventing HPV infection, genital warts or genital lesions.

Will vaccinated women still need PAP smears? YES! Gardasil provides 90 – 100% protection against HPV strains 16 and 18, but there are still other HPV “high risk types” that can cause cervical cancer, for which there is currently no vaccine.

What if a patient wants the vaccine now? At \$460 for the 3 dose course, (and the funded vaccine available in a few months) you are unlikely to have many requests! However, Gardasil is available now on private script for those who don't wish to wait.



2007 INFLUENZA AND PNEUMOCOCCAL PROGRAM (VIC)

The 2007 influenza and pneumococcal program will commence on 1 March. Vaccines can be pre-ordered now and will be placed on back-order until late February. All VIC practices should have received an order form from DHS.

Practices can monitor their orders by logging onto the following website: <http://www.health.vic.gov.au/immunisation/general.htm>

The link can allow you to identify how much vaccine you ordered last year, and will show when your order is received and how much vaccine has been placed on back-order.

When ordering vaccine:

- Check your database for eligible people (patients aged 65+, ATSI aged 50+, ATSI at high risk aged 15 – 49 years)
- Where you left with excess stock in 2006? Was your fridge bursting at the seams? Consider your previous usage and fridge capacity when ordering for 2007. (Vaccine can be ordered throughout autumn to top up your supply, so you don't have to order it all at once if you can't properly store it!)

Changes to vaccine order form: HIB vaccine is only on the VIC immunisation schedule in combination with Hep B (Comvax). However you are able to order a few doses of PedvaxHIB (after discussion with DHS) for those children who are initially immunised in NSW and then cross to VIC for their 6 and/or 12 month immunisation.

Please note: If a child has any of the 2,4 or 6 month HIB vaccination in NSW, a 4th dose of any HIB vaccine is needed to complete their schedule as a different type of HIB vaccine is used in NSW requiring 4 doses for complete protection. This continues to be a major cause of overdue immunisations in the Border Division. Please remember to check in which State a child had previous immunisations given before you vaccinate.

ROTAVIRUS VACCINATION

The PBAC has recommended the Federal Government consider two oral rotavirus vaccines for inclusion on the National Immunisation Program.

The AMA has welcomed the decision, however doctors should make it clear to patients that they cannot wait for the government to fund the vaccine if they want their babies protected against this gastrointestinal illness.

Vaccination against rotavirus needs to occur *before* children are six months old. Therefore mothers of new babies need to consider vaccination now.

The two available vaccines are:

VACCINE	Number of doses	Age to commence vaccination	Minimal interval between doses	Total cost
ROTATEQ No reconstitution required	3	6 – 12 weeks	4 weeks	\$210 - \$240
ROTARIX Reconstitution required	2	6 – 14 weeks	4 weeks	\$260

Q FEVER VACCINE

The Commonwealth Government has secured a continuing supply of Q fever vaccine. Funding of more than \$9 million will be provided to vaccine manufacturer, CSL Limited, to build a specialised manufacturing facility. CSL will manufacture the vaccine and screening tests under a 10-year contract to the Commonwealth Government.

CSL has advised that the earliest date the vaccine will be available from the new facility is June 2009. This is the same time that CSL estimates the current vaccine stocks will be exhausted. There are no other manufacturers of this vaccine worldwide.

Rationing of current stocks by CSL will continue to make sure those at highest risk – abattoir workers and those visiting abattoirs – are able to be protected. Requests for vaccine by those outside this risk group are being considered on a case-by-case basis by CSL.

Q fever is primarily an occupational disease of workers from the meat and livestock industries. It is an acute, debilitating condition that can have serious complications. A small number of people who contact the disease may develop post-Q fever fatigue syndrome, which can last for a number of years. It is transmitted to humans through infected animals' urine, milk, faeces and birth products, most often from cattle, sheep and goats.



MENINGOCOCCAL C PROGRAM

The catch-up program for Meningococcal C for people aged up to 19 years of age has now ceased.

- Men C vaccine is part of the schedule at 12 months of age
- Men C vaccine is free for children born after 1 January 2002 if they missed having it as part of their 12 month immunisations.
- All other people requiring Men C will have to pay for the vaccine.

VARICELLA – REPORTING NATURAL IMMUNITY

Children who are not vaccinated against Varicella (Chickenpox) at 18 months of age will show up on your immunisation reports as unimmunised. This does not affect your immunisation rates, or the Child Care Benefit and Maternity Immunisation Allowance. BUT it does make yours/my overdue reports tedious to wade through!

- When a parent presents their child for 12 month immunisation, please remind them that the next immunisation due is Varicella (Chickenpox) at 18 months of age.
 - Explain to parents that Varicella is a highly contagious disease that can develop into a very serious illness causing pneumonia, inflammation of the brain, or death.
 - Ask parents to contact their GP if they believe their child has Varicella. Only a GP can notify ACIR of natural immunity to Varicella. This must be sent/faxed on Practice letterhead, and include the practitioner's provider number and signature.
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HEALTH CARE WORKERS – YOUR RESPONSIBILITY

Every year, health care workers are responsible for infecting patients in their care, because they were working while infectious with diseases such as pertussis, rubella, varicella and influenza. Maintenance of immunity to vaccine preventable diseases by health care workers helps prevent transmission of disease.

Staff working in the General Practice setting should ensure they are appropriately screened, tested and vaccinated and a staff health register maintained, in the interests of staff and patients.

In the General Practice setting, staff may be classified in the following way, and offered vaccination accordingly.

Category A (direct contact with blood or body substances)

Medical practitioners; nurses; practice managers or reception staff responsible for cleaning and sterilizing instruments; staff responsible for cleaning, decontaminating and disposing of contaminated materials (eg vomit in waiting room, blood spill in surgery)

Category B (indirect contact with blood and body substances)

Practice Managers or reception staff not responsible for cleaning, decontaminating or sterilizing. This includes workers in patient areas who rarely have direct contact with blood or body substances. These employees may be exposed to infections spread by droplets, such as measles and rubella, but are unlikely to be at risk from blood borne diseases.

Category C (Minimal patient contact)

Practice Managers and clerical staff working in isolated offices with no regular patient contact; gardening staff.

These employees have no greater exposure to infectious diseases than the general public and do not need to be included in vaccination programs or other programs aimed at protecting category A, B and C staff.

Diphtheria/Tetanus

- All adults should have received a primary course of Diphtheria/Tetanus as children. However, if in doubt, offer three doses (ADT®) at one-monthly intervals followed by two booster doses at 10 yearly intervals.
- Recommend a further dose on the 50th birthday. A pertussis-containing vaccine (dTpa) – Boostrix – may be used instead of ADT® at 50 years of age.

Pertussis (Category A, B)

- A single booster dose (given as dTpa vaccine) is recommended for health care workers in paediatric settings, particularly maternity and neonatal settings, and practices with large numbers of paediatric patients

Poliomyelitis

- Most health care workers will have received a primary course of polio vaccine, however, if in doubt, offer three doses of IPV vaccine at one-monthly intervals.
- Offer a booster dose at 10-yearly intervals to staff in possible contact with poliomyelitis cases or their pathology specimens.

Measles/Mumps/Rubella

- Document at least two doses of a measles-containing vaccine for all staff born since 1966. Those born prior to 1966 are considered immune.
- If in doubt, offer two doses of MMR vaccine, a minimum of one month apart.

Varicella (chickenpox)

- Seek and document a history of chickenpox from all health care workers. A history of chickenpox is strongly predictive of prior infection (>90 per cent). Consider serological screening of people with no definite prior history of chickenpox (approximately 50 per cent of this group will be susceptible). Document results of testing.
- All non-immune direct care staff (see above for definition) should be vaccinated with varicella vaccine. Two doses of vaccine at least one month apart are required for adults.
- A small percentage of people vaccinated (<5 per cent) will develop a rash after the vaccine. These people, and only these, should be reassigned to duties that require no patient contact or placed on sick leave for the duration of the rash.

Hepatitis B (essential for Category A)

- Offer a course of three doses of vaccine to all health care workers;
- Perform post-vaccination serological testing one month after the third dose of vaccine. If adequate anti-HBs antibodies are not reached following the third dose, the possibility of HBsAg carriage should be investigated. Those who are HBsAg negative and do not respond should be offered either a further double dose or a further three doses at monthly intervals of hepatitis B vaccine. Further testing should be performed four weeks later. Persistent non-responders should be informed about the need for HBsAg within 72 hours of parenteral exposure to hepatitis B.
- Booster doses of hepatitis B vaccine are no longer recommended for people who have an adequate antibody response to the primary course, as there is good evidence that a primary course provides long lasting protection.

Hepatitis A

- Staff at higher risk of occupational exposure to hepatitis A include nursing staff and other health care workers in contact with patients from Indigenous communities, in paediatric wards, infectious disease wards, emergency rooms and intensive care units, or those who frequently attend patients in rural and remote Indigenous communities.

Influenza

- Offer annual influenza vaccine to all staff in direct care of patients. (Category A and B)

STUDENT HEALTH SCREENING

- in relation to nursing students (and other health students) presenting to GPs for blood tests and immunisations that are required in order for them to attend placements.

I have clarified with Medicare Australia whether such tests and immunisations can be claimed under Medicare, and the response from Medicare indicates that they cannot. ("Unless the Minister otherwise directs Medicare benefits are not payable for Health Screening Services" - Ref 13.3.1 Medicare Benefits Schedule Book)

This means that if a student presents to a GP for blood tests to determine immunisation status, and/or for certain vaccinations required for nursing placements, they will not be able to claim the cost of the consult or pathology on Medicare, nor be bulk-billed.

In many instances blood tests would be unnecessary if the students clarified with their family Dr (before they commenced uni) exactly what immunisations they have received, and brought documentation with them to verify their immunisation status.

Certain vaccines are free for adults. These include MMR (measles, mumps, rubella) for anyone born after 1966 who has not been immunised, and ADT boosters (adult Diphtheria and tetanus - 2 required at 10 yearly intervals following completion of primary immunisation course as children). *However, the consultation for immunisation cannot be claimed under Medicare.* Meningococcal C vaccine is no longer free for adolescents.

I am obliged to circulate this information regarding health screening to all of our GPs. Not being able to claim the services on Medicare will be a hardship for many students, and I have advised both Charles Sturt and La Trobe unis of this situation. I have urged them to insist on documented evidence of immunisation status on students' enrolment, which would prevent some unnecessary expense. Health screening services that cannot be claimed on Medicare may be able to be claimed from private health funds.

If any GP is interested in contacting either of the universities to discuss the possibility of organizing mass screening and immunisation sessions for their health students (at reduced cost to the student) please contact me at the division on 6049 1904.
