

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

IMMUNISATION NEWSLETTER – JUNE 2007



Well, dear immunisation providers, I am off to Ireland for a holiday, and so will be away from the division from Friday 22 June til Monday 16 July inclusive.

I regret that the timing is not great – with both rotavirus and HPV vaccination programs due to begin in general practice from 1 July. However, I wasn't to know that when I booked my trip last year!

I have endeavoured to include as much up-to-date *important/relevant* information as possible in this issue, however there are still many issues relating to the new vaccination programs that remain uncertain.

Please keep an eye out for mail, faxes and emails relating to immunisation while I'm away, and keep a list of any questions or concerns you have for when I get back! Your questions (and the answers) may benefit everyone.

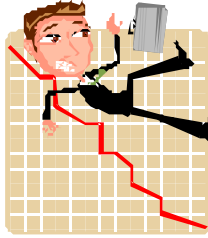
HPV program in summary: (for more information see pages 4 - 7)

- Begins in both NSW and VIC from 1 July. Vaccine may not be available in your practice til late July
- VIC practices may now start ordering Gardasil vaccine (order forms and information has been sent to practices)
- NSW practices can not (to date) order HPV vaccine.
- Practices are recommended to consider running HPV vaccination clinics for eligible women once their vaccine supply has arrived.

Rotavirus program in summary: (for more information see page 8)

- Begins in both NSW and VIC from 1 July. Vaccine may not be available in your practice til later in July
- VIC has not (to date) announced a decision on which Rotavirus vaccine they will be using
- NSW has announced they will be using the 2 dose oral vaccine Rotarix (GSK) and practices may now start ordering Rotarix using the special order form which all NSW practices should have received.
- I have included with this newsletter a handout from NSW Health on the administration of Rotarix. It is an excellent resource on Rotavirus and the vaccine, and is worthwhile reading, even for VIC practices who may end up with the alternative 3 dose vaccine – Rotateq. (CSL). I believe it is important for all Border practices to understand both options, as I'm sure you will get questions from patients relating to both.

Please email any questions for me on my return to kfinlay@bordergp.org.au



OH DEAR! WE'RE SLIPPING!

Our most recent 32A report from ACIR for the Feb - May quarter (that tells me all our practice's immunisation rates) has indicated that:

- 10 practice rates went down.
- 12 practice rates went up
- Only 1 practice is currently on 100%
- 2 practices have fallen below 90% (no outcomes payment if below 90%!)
- 4 practices have stopped receiving their GPII 20A report – usually because there is a new Dr in the practice who has not signed and sent in a 46E confidentiality form to Medicare Australia.

This means you can't follow up on overdue kids, because you don't know who they are!

- BDGP has now dropped to 10th ranking nationally and 4th in VIC – our worst rankings for a very long time. Of particular concern are the age groups 4 – 12 months (87.5% fully immunised, and 12 – 18 months (83.7 % fully immunised).

From July, Rotavirus will be added to the schedule. Although it is an oral vaccine, (less parent resistance) it is one more thing for you to remember, and if there is a difference in the vaccine brand that NSW and VIC use, there will be *more* opportunity for incomplete schedules when children are vaccinated in both States. SO....

- Please check the immunisation history of children before you give their 6 and 12 month schedules, to ensure they are not missing a dose of HIB or Hep B. If different Rotavirus vaccines are used in NSW and VIC, you will also need to check carefully at their 4 and 6 month schedules. Check their blue or yellow book; ask “where were the previous vaccinations given?” and if you're still not sure, pull up their history on the ACIR secure site. If you keep the ACIR site on your desktop, it should be very quick, and may save a lot of work later on, wading through overdue reports, contacting parents, explaining the problem and another consultation. Better for you, better for parent, better for child!
1. A child who has any dose of Hib in NSW needs 4 doses to complete the schedule
 2. A child who moves from NSW schedule at 4 months to VIC schedule for 6 months, will miss a dose of Hib. If he/she moves back to the NSW schedule at 12 months, he/she will also miss the 3rd dose of Hep B.
 3. A child who moves from the VIC schedule at 6 months to the NSW schedule at 12 months will miss a dose of Hep B.
- Please ensure new Drs in your practice have filled out a 46E. And if you don't receive your overdue report – contact GPII to find out why. Ph 1800 246 101.

Incompletely immunised children are children “at risk”

REPORTING IMMUNISATIONS TO ACIR

You have the opportunity to improve your immunisation rate before the next recalculation of data takes place. This will occur in early August, and *reviews* the immunisation rate of children who were seen in your practice for the same reference period as your last immunisation rate period - **1/1/06 - 31/12/06**. This means you now have the opportunity to ensure that all immunisations given during that period were reported accurately. Sometimes one vaccine can miss being recorded, or the wrong vaccine or dose can be recorded, or the entire immunisation schedule given to a child slips through the system and doesn't get reported.

Lets all make a concerted effort this month to correct any incorrect data, carefully check your payment statements (the first opportunity you have to ensure that all immunisations given have been accurately reported and no doses of any due antigen are missing). And finally, please use your GPII20A reports to follow up on overdue kids. Practice should receive their reports by late June. If you have not received your report by the end of June, please phone GPII on **1800 246 101**.

Phone calls are the most effective means of getting a parent to bring the child in for overdue immunisation.

Sometimes it can be impossible to track a child down. **Does your practice routinely record mobile numbers of your patients?** A mobile is just that – mobile, even when the family have moved on. By calling a family with an incompletely immunised child who has moved away from the area, you can encourage them to be immunised in their new town, which will ultimately improve *your* immunisation rate as they continue to affect your rate for a long time!

SENDING IMMUNISATION DATA TO ACIR USING HIC ONLINE

I have been advised that practices are having difficulty sending immunisations to ACIR via HIC Online when a nurse has performed the immunisation on behalf of a GP.

ACIR has advised the following:

The confusion is related to nurses immunising and trying to claim as a nurse. As long as all immunisations are entered onto MD as given by the doctor - ie logged into MD as the doctor, there should be no problem. However, as practices try and document these things accurately and note them down as given by the nurse, this is where the problem starts. Nurses cannot claim anything to Medicare/ACIR in their own right like a provider. The doctor needs to be the recognised immunisation service provider (although they're not in reality), and the doctor claims the Medicare items 23 and 10993, which is the nurse immuniser claim number. *Clarify this with Potare nurse immunisers giving without Dr's orders and no GP consult being claimed.*

PNEUMOCOCCAL VACCINATION – A SUCCESS STORY!

A report released last week shows that in the first year of the Childhood Pneumococcal Vaccination Program there was a 75 per cent reduction in Pneumococcal cases in children aged under two years old. This is largely attributable to general practices' commitment to immunisation, according to the Australian General Practice Network (AGPN).

Invasive Pneumococcal Disease in Australia 2005 published in the *Communicable Diseases Intelligence* also indicated a 30 per cent decrease in the overall number of cases reported in Australia.

The Pneumococcal bacteria is a highly contagious organism that causes conditions such as pneumonia, meningitis and otitis media.

Reducing childhood Pneumococcal infection figures by 75 per cent is an outstanding result and in no small part thanks to the general practice network.

WHAT'S NEW?

1. ACIR parent brochure (now includes Rotavirus) Can be ordered using the IMMU 3 Stationery reorder form. Please destroy old brochures and use only the new ones from 1st July onwards.

HPV (GARDASIL) VACCINATION - QUESTIONS AND ANSWERS

1. **If a woman eligible for free Gardasil is already sexually active should she still be given the vaccine?**

Yes.

Females in the 18 to 26 year age group will benefit from vaccination if they have not been infected with HPV types 6, 11, 16 and 18.

Even if infection has been acquired with one of these HPV types, protection against infection and disease from the other vaccine types will be achieved. However, during the vaccination visit women should be counselled that the vaccine may be less effective if they have been exposed to HPV before vaccination.

The decision to vaccinate needs to be an individual one, taking into consideration the likelihood of past and future exposure to HPV. A woman's lifetime number of sexual partners is the most important predictor of HPV acquisition. Women at the upper end of the age group are more likely to have been infected with at least one of the vaccine types than younger women, but infection with all four of the vaccine types is unlikely.

2. **Can you screen for previous exposure to HPV?**

No.

Pre-immunisation screening is not helpful in determining whether a woman will benefit from HPV vaccination.

Readily available laboratory tests are not able to detect vaccine type-specific HPV infection and will not identify whether the woman has had previous HPV infection.

3. **What are the 4 types of HPV in Gardasil?**

Types 6, 11, 16, 18.

Types 6 and 11 are low risk types and are linked to approximately 90% of genital wart cases.

Types 16 and 18 are high risk types and are linked to approximately 70% of cervical cancer cases.

It is estimated that 79% of women may have genital HPV infection at some time in their lives. Most genital infections with HPV do not cause any symptoms and people do not know they have the infection. Most HPV infections are cleared within 12-24 months.

In an estimated 3-10% of women HPV infection persists, which can cause changes to the cells in the cervix, known as intraepithelial lesions. These lesions, if left untreated, can develop into cervical cancer.

4. **Is there a treatment for HPV infection?**

No.

There are no treatments for HPV infection. Treatments are available for the effects of the virus, such as genital warts and abnormal changes to cells in the cervix.

5. **Do vaccinated women still need PAP smears?**

Yes.

Regular Pap smears are still essential because the HPV vaccine does not prevent all cervical cancers. Pap smears detect abnormal changes to cells in the cervix so treatment can start before cancer develops.

6. **How effective is the vaccine?**

In clinical trials, vaccine efficacy was:

- 89% in preventing type-specific persistent infection;
- 100% against HPV 16/18 related cervical intraepithelial neoplasia (CIN) grade 2/3 or worse;
- 95% against any HPV 6/11/16/18-related CIN (of any grade);
- 99% against external genital lesions, including warts.

7. **Should HPV vaccine be given to pregnant women?** No
8. **Should HPV vaccine be given to breastfeeding women?** Yes
9. **Can GPs vaccinate girls in the 12 – 18 year age group with HPV vaccine?**

Yes - If a student misses the first dose of Gardasil in the school based program, she will not be offered other doses in the school program and can be vaccinated by her GP.
Ideally, if a girl has commenced the Gardasil vaccination program at school, she should finish the program at school.

10. **Are there any contra-indications to Gardasil vaccination?**

Yes – severe immediate hypersensitivity to yeast (or any of the vaccine components)

11. **Is there an alternative vaccine to Gardasil?**

Yes – Cervarix has now been approved for use in Australia for females aged 10 – 45 years, but Gardasil is currently the only funded vaccine for the HPV program. Cervarix provides 100% protection from HPV strains 16 and 18, but does not have the additional protection against HPV strains 6 and 11. Expect to hear more about Cervarix in the coming months!

12. **What is the dosing schedule?**

Normal schedule: completed in 6 months

Dose 1, followed 2 months later by dose 2, followed 4 months later by dose 3

Accelerated schedule: completed in 4 months

(occasionally necessary ie. Woman planning to travel)

Dose 1, followed 1 month later by dose 2, followed 3 months later by dose 3

MORE ABOUT HPV

HPV Register

A National HPV Vaccination Program Register (HPV Register) is being developed to collect HPV vaccine data by the Australian Government. It should be up and running later this year.

Immunisation providers are strongly encouraged to register patients on the HPV register, subject to them providing their consent.

So please maintain a record of any HPV vaccinations given (particularly to girls under 18 years of age). Once the register is operational, GPs will be paid \$6 per vaccination lodged for under-18 year olds. There will be no payment for lodging the information on women aged 18 – 26 years, however it will be beneficial to enable recalls for subsequent vaccinations, and will eventually provide women with long term information about their immunisation status.

Personal details identifying your patient will not be made available publicly.

Personal information collected 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 will not be possible to contact her about booster doses.

Data collection is not a requirement for vaccinating females aged 18 to 26 years; however, the Register will accept data for females in this age group if they elect to have their details included in the HPV Register.

HPV vaccination clinics

If your practice is planning to offer an HPV vaccination clinic, please don't book patients before you receive your first batch of vaccine. Although the funded program for GPs has been promoted as commencing in July 07, the logistics of receiving, fulfilling and dispensing all the orders throughout Australia *all at once*, may mean you may not receive your vaccine order until the end of July.

Advertising for the free HPV vaccine for women aged 18 – 26 will take place from July, so be prepared!



Ordering HPV Vaccine

New vaccine order forms that include HPV vaccine have now been sent to all GPs in VIC. (NSW GPs will receive order forms eventually! Until you do, please don't organise any HPV vaccination clinics or appointments.) Please be aware that additional information is required when ordering HPV vaccine. This is a very expensive vaccine (about \$460 per 3 dose course) and YOU (the taxpayer) are paying for it. So please:

- **do not** over-order
- **do not** give the government funded vaccine to patients who are not eligible *
- **do not** be careless with the cold chain **
- Remember, only women who will complete the 3 dose course before they turn 27 years of age are eligible. If a woman presents for free HPV vaccine and she is older than 26 years and 7 months, she is not eligible! (*There has to be a cut-off somewhere!*)
- **do not** give HPV vaccine to pregnant women (you can however give to breastfeeding women)
- **Although media campaigns will be promoting free HPV vaccine for 18 – 26 year olds from July, please ensure your patients are aware that you may not actually receive the vaccine until late July.**

Maintaining the cold chain – make sure those vaccines are viable!

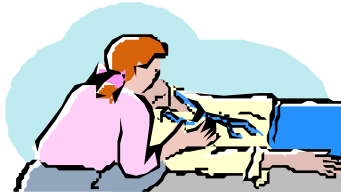
** If you leave the fridge door open over the weekend, or you forget to unpack a vaccine order, or your fridge is not working properly and the temperature is below 2 °C for a few hours, you could lose thousands of dollars worth of vaccine!

50 doses of HPV vaccine = \$6000

+

all the other vaccines you have stored in your fridge!

Thank you to all the practices who returned the vaccine fridge survey. I'm delighted to see that we now have 14 practices with dedicated vaccine fridges (as opposed to bar fridges or domestic fridges). Five practices have indicated they may be interested in purchasing a vaccine fridge, and I am investigating the possibility of getting a bulk order discount.



Side Effects of HPV Vaccination

Following the commencement of the school immunisation programs, there have been some reports in the media about reactions to the immunisation that required girls to be hospitalised.

Many vaccines commonly have minor local reactions, and this can occur with HPV. Patients can be assured that, to date, **no significant serious side effects have been discovered**.

However, as with any new vaccine, **please report to ADRA C** any unexpected or severe reactions to the new vaccines – HPV and Rotavirus. If you don't report them, ADRA C doesn't know about them, and others could be at risk. ADRA C - ph 02 6232 8386.

IMPORTANT INFORMATION FOR NURSES

NSW NURSES IMMUNISING – HPV vaccine

Only nurses employed in connection with the school based National HPV Vaccination Program can administer HPV vaccine, having undergone the AHS training program.

Until the NSW DOH Policy Directive PD2006-057 has been amended to include HPV vaccine, authorised registered nurses cannot administer HPV vaccine without medical direction (written doctor's order).

NSW Health are currently working to overcome this issue by advocating for the release of an online version of the 9th Edition Australian Immunisation Handbook for July 2007. The hardcopy is due out later in the year, however an online version would be sufficient to satisfy legislative requirements and would accredited nurse immunisers to administer both HPV and Rotavirus vaccines without a GP order once the NSW Department of Health Policy Directive (PD) is amended to include the vaccines.

NSW NURSES IMMUNISING – Rotavirus vaccine

The NSW Department of Health has reviewed the presentation given at the GSAHS immunisation updates and approved it as an accredited training course covering all essential information.

Therefore all BDGP accredited nurse immunisers who attended a GSAHS update will receive by mail a package containing the following:

- * Guidelines for the administration of Rotarix. * Reading list.
- * Rotarix product information sheet. * Rotarix order form.
- * Certificate of authorisation.

VIC NURSES IMMUNISING – HPV and Rotavirus vaccines. Accredited nurse immunisers may give HPV and Rotavirus vaccines without a Drs orders as for all other vaccines on the schedule.

HPV/ROTAVIRUS WORKSHOP

A very successful and (very popular - almost 60 attendees!) workshop was held at the Commercial Club on Thursday 26th April. Guest presenters were Dr Stella Heley (physician with the Victorian Cytology Service) and Dr Greg Rowles (GP advisor on immunisation to AGPN). A big thank you to the GPs, nurses and practice staff who were able to attend and make the event so successful. To those who couldn't attend, we have Dr Rowles' powerpoint presentation on our website www.bordergp.org.au.

NSW Health Immunisation Provider Guidelines

This booklet (red binder) was released in 2005 to assist vaccine service providers with changes to the NIP Schedule. Following the commencement of the HPV and Rotavirus programs in General Practice (from July 2007) NSW Health are planning to update this publication to reflect changes to the NIP Schedule as well as add guidelines around cold chain practices.

Vaccine order forms are also being amended to include more accountability for service providers to maintain the cold chain in order to receive vaccines. More specific information around this issue will be communicated when the process is finalised.

Maternity units will be provided with the new schedule to add to the new look NSW Health "Blue Book". This will be easier with the new format of the book as it is ring bound so will be able to replace the superseded schedule. **Great idea!**

UPDATE ON ROTAVIRUS VACCINATION



The word is OUT!

NSW will be using GSK's **Rotarix** vaccine.

- 2 dose oral course **requiring reconstitution**
- Given at 2 and 4 months of age (along with other scheduled vaccines)
- Rotarix is part of the schedule for 2 month olds (babies born after 1 May 2007) from 1 July 2007. However practices may not receive vaccine orders until late July.

Remember, there is no catch up for Rotavirus vaccination.

The course MUST be completed before the baby turns 24 weeks of age

Dose 1 between 6 – 14 weeks ONLY; dose 2 between 10 – 24 weeks ONLY;

Minimum interval between doses - 4 weeks

All NSW practices should have received an order form and revised immunisation schedule for babies at 2 and 4 months, from NSW Health. If you have not, please contact me at the division and I will forward them on to you.

Recording Rotavirus vaccines with ACIR

- Please note that ACIR has set the codes for Rotavirus as: ROTRIX and ROTTEQ.
- Rotavirus immunisations can be reported to ACIR via our secure internet site, via the 'Other' Tab on the Record Encounter section.

ROTAVIRUS VACCINATION IN IMMUNOCOMPROMISED BABIES.

The following information was provided by CSL following some discussion at the HPV/Rotavirus workshop.

Regarding babies who are immunocompromised and administration of Rotavirus vaccines-

While this is not an area listed as a contraindication in the product information, there is insufficient data in immunocompromised babies for CSL to make a conclusive recommendation. This is because subjects of this description were not included in the clinical trials and so it is therefore listed in the precautions section of the PI leaving the decision in the clinicians to weigh up the benefits and risks of administration. The recommendation is that live vaccines are generally not administered to immunocompromised babies.

**IMPORTANT FOR ALL GPs TO BE AWARE OF -
NSW HEALTH – OCCUPATIONAL ASSESSMENT, SCREENING & VACCINATION
Against Specified Infectious Diseases**

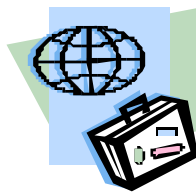
The new NSW Health OH&S Policy applies to all existing staff, all new recruits, students on clinical placement, volunteers, contracted clinical staff (such as VMOs), and people on work experience. Existing staff and volunteers will be assessed, screened and vaccinated by the AHS. New recruits and other clinical personnel (including students) are required to provide, *at their own cost*, documented evidence of protection against the specified infectious diseases and tuberculosis status based on the risk categorisation of their position.

GPs may be faced with these patients who are looking to get their immunisation status up to date to comply with the new NSW Health Occupational Health Policy. Tips to assist GPs and other vaccine service providers to support patients to meet the NSW Health requirements for evidence of protection are available at the following website:

http://www.health.nsw.gov.au/ohs_vaccination/imm_sp.html

We have been asked to communicate this information to GPs and practices to ensure that they are aware of the new guidelines.

I have already received a phone call from a practice in VIC who had a very upset patient (nursing student) who was refused placement at a GSAHS hospital because she did not have documented evidence of MMR vaccination or measles serology. Positive serology to Rubella was not sufficient to prove that she had had MMR vaccination.



ALERT: MEASLES OUTBREAK

GPs are advised to be on alert for cases of measles following a large outbreak of the disease in Japan (over 1000 cases). Please check the measles vaccination status of all travellers to Japan (2 doses of measles vaccine are necessary to provide adequate protection); please report any suspected cases of measles to the appropriate authority (CPH Albury Ph 6021 4799; DHS Ph 03 9637 4144)

ADVICE TO TRAVELLERS VISITING MEASLES ENDEMIC AREAS

Those born during or since 1966 should be encouraged to complete the measles-mumps-rubella (MMR) vaccination schedule before embarking on international travel if they do not have evidence of receipt of two doses of MMR vaccine.

Note that Australians aged between 23 and 40 years of age are unlikely to have received two doses of measles vaccine as the two dose regime was not part of their childhood immunization programme and it would be unlikely that they were included in any catch up campaigns.

Infants travelling to endemic countries may be vaccinated with MMR between nine and 12 months of age. In these cases, another dose of MMR should be given at 12 months of age or four weeks after the first dose, whichever is later. This should be followed by the routine administration of the next dose of MMR at 18 months of age. This is because maternal antibodies to measles are known to persist in many infants until 11 months of age and may interfere with active immunisation before 12 months of age.

Until the outbreak in Japan is controlled, it would be appreciated if this advice could be provided to all persons wishing to travel to Japan.

BOOSTRIX AND HEP B VACCINES MISSED AT SCHOOL

NSW practices should ensure they have a small supply of both Boostrix and paediatric Hep B for the occasional patient who missed the vaccine in the school based programs. NSW Health will only supply a few doses for each practice, so please keep an eye on your stock, and order more from the Centre for Public Health when you only have one remaining.

GPs may vaccinate:

- **Boostrix** - 15 year olds only who missed vaccination at school
- **Paed Hep B** – Year 7 students only who missed vaccination at school.
- **Varicella** – Year 7 students who missed vaccination at school;
- 14 year old Year 7 students who need a 2nd dose of vaccine following the school program.

NB: I do not personally have access to vaccine. All vaccines must be ordered through your usual suppliers.

THE AUSTRALIAN IMMUNISATION HANDBOOK – 9TH EDITION

Please note the division no longer has any copies of the current (8th edition) immunisation handbook. The new edition which will include a section on HPV and Rotavirus vaccines is due to be released later in 2007. Additional information on HPV has recently been added to include Cervarix (GlaxoSmithKline) – a newly registered bivalent HPV vaccine. Consequently this section of the handbook has once again gone out for public consultation as part of the NHMRC approval process.

The HPV Chapter is located online at the following link:

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/consult-3.7-hpv>

NSW HEALTH - ADULT IMMUNISATION RECORD CARD

As there is currently no central point for recording adult vaccinations and people are often required to provide evidence of vaccination for jobs, travel and medical reasons, The Adult Immunisation Record Card Support is a great resource to have on hand in general practice.

This card is available free for all immunisation service providers. Order from:

Better Health Publications Warehouse

Locked Bag 5003, Gladesville NSW 2111

Ph 02 9816 0452 (8am – 4pm Monday – Friday)

Fax 02 9816 0492
