

PLEASE ENSURE THAT ALL RELEVANT STAFF RECEIVE THIS NEWSLETTER

## BORDER DIVISION IMMUNISATION NEWSLETTER

NOVEMBER 2006



### IMPROVING IMMUNISATION COVERAGE

- Send a birthday card to all your practices' 12 month olds and 4 year olds – addressed to the child – one week prior to their birthday. This can be a particularly valuable reminder to the parents of 4 year olds, many of whom still consider immunisation due *before school starts, not at the 4<sup>th</sup> birthday.*
- Current immunisation statistics show the 12 - 18 month olds immunisation rate is 86.9%. This shows that some 12 month olds are not being immunised on time. And our next lowest rate is in the 4 year olds.



### IT'S A STRUGGLE....

There has been no increase in GPII funding to divisions since the inception of the program and the average number of hours of an immunisation program officer in Victorian divisions is now only 11 hours. This allocation of hours includes all hours spent on the program such as organising and running immunisation education sessions for general practice, assisting general practice with all aspects of vaccine management as well as assisting general practice in all the aspects of immunisation data reporting and data cleaning.

Not only has there been no increase in funding, but the funding allocated to our division to work with local government in data cleaning has now ceased.

However I will continue to do as much as I can to assist BDGP and our community in all areas of immunisation, and to maintain and hopefully improve our immunisation rate.

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### HEPATITIS B VACCINATION

A review of acute hepatitis B notifications to DHS has revealed that approximately 40% of newly acquired hepatitis B infections occur in those who have pre-existing hepatitis C. Co-infection can increase the risk of liver disease progression and make clinical management of both viruses more difficult.

As a result, (*in VIC only*), Hepatitis B vaccine is free for injecting drug users. A separate order form is available from DHS to order Hepatitis B vaccine for injecting drug users. (Ph 1300 882 008). GPs may use a Hep B vaccine from their usual DHS supply, for an opportunistic vaccination of a drug user, but you must phone DHS to notify them of the vaccine use, and complete the special order form for additional hep B vaccine to replace the one you have used.

When treating patients who you know are injecting drug users, please review their immunisation status and if not already immune, encourage them to be immunised against Hepatitis B.

## ROTAVIRUS VACCINE TABLE

Vaccination with Rotavirus vaccine will reduce the risk of developing severe rotavirus gastroenteritis by ~ 85 – 100%, and any rotavirus gastroenteritis by ~ 70%.

VACCINE BRAND	DOSES	AGE OF ROUTINE ADMINISTRATION	AGE LIMITS FOR DOSING	MINIMUM INTERVAL BETWEEN DOSES
RotaTeq (CSL/Merck)	3 oral doses (2 ml / dose)	2, 4, & 6 months	1 <sup>st</sup> dose by 12 weeks, 3 <sup>rd</sup> dose by 32 weeks	4 weeks
Rotarix (GSK)	2 oral doses (1ml / dose)	2 & 4 months	1 <sup>st</sup> dose by 14 weeks 2 <sup>nd</sup> dose by 24 weeks	4 weeks

## REMINDER – MENINGOCOCCAL C VACCINE

It is rare for funded vaccination programs to be extended beyond their planned end-date. Free Men C vaccine (for those who were aged 1 – 19 years in 2003), has been extended until June 2007. Please take this opportunity to check the vaccination status of your patients (now aged 4 – 22 years of age) and offer them Men C vaccination if they haven't already had the vaccine.

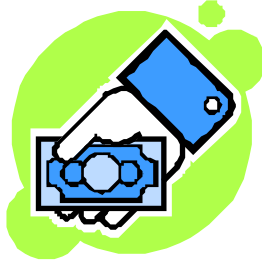
**Did you know?** Hyperextension of the neck is the most distinguishing early feature of Meningococcal disease in children (prior to spots appearing) When vaccinating, remind parents that the vaccine only protects against one strain of the disease, so they still need to be aware of the signs and symptoms. Serogroup B (for which there is no vaccine) is the other common strain in NSW and VIC. Travellers to Asia, Africa and the Middle East should seek advice regarding vaccination against the strains specific to these countries.

## IMMUNISING ADULTS WITH NO DOCUMENTED VACCINE HISTORY

### **Points to remember when adults present with no documented history.**

- Adults should be given 3 doses of ADT (dT) at a minimum of monthly intervals. 2 booster doses are needed, 10 and 20 years later, one of which may be Boostrix (dTpa) – containing pertussis. The childhood formulations (Infanrix vaccines) are not suitable as they have a higher diphtheria antigen level, which is not well tolerated in adults.
- Boostrix should not be given to adults as part of a primary course as there is no data on the safety, efficacy and immunogenicity of the vaccine used for this purpose. *Boostrix* is for booster doses only.
- Polio vaccine (IPOL) – supplied by DHS and NSW Health upon request for unvaccinated adult. 3 doses required at a minimum of one monthly intervals. Patients may not be aware that polio has not been eradicated world-wide. In the past 2 years, there has been a resurgence of the disease in 21 previously polio-free countries, including our close neighbour Indonesia. If in doubt about polio vaccination status – vaccinate!
- MMR vaccine – funded for adults born after 1966 who have not received 2 doses of a measles containing vaccine (Also for any non-immune pre-pregnant or post-partum woman).

*For further advice on adult vaccination, view the DHS Quick Catch-up guide on our website, or refer to the Australian Immunisation Handbook.*



## PAYMENTS THAT ARE LINKED TO IMMUNISATION

(Do you understand the parent payments that are linked to immunisation?)

- **Maternity Immunisation Allowance (MIA)**

The [Maternity Immunisation Allowance \(MIA\)](#) (Family Assistance Office) is a payment for children aged 18-24 months who are fully immunised or have an approved [exemption](#) from immunisation. The payment is a one-off payment of \$222.30. The payment is automatically paid to parents who have submitted the claim form for the \$4000 Maternity Payment (previously known as the maternity allowance or baby bonus) which must be submitted within 26 weeks of the baby's birth. When the ACIR records show that a child is fully immunised at 18 months, the MIA payment will be deposited in the parent's nominated account, and a letter sent to the parent.

If the child is not fully immunised at 18 months, parents will be notified that they will not receive the payment unless the child is brought up-to-date. The MIA must be claimed before the child is 24 months old.

Claim forms are available at family assistance offices – in Albury – Medicare Office, Centrelink, and ATO, and in Wodonga – Medicare Office. (There are no family assistance offices in Corowa, Rutherglen, Jindera, Howlong, Holbrook, Culcairn or Urana) Claims can also be made by phoning 136 150 or via the net.

- **Child Care Benefit**

The [Child Care Benefit](#) (Centrelink) helps with the cost of child care for long day care, family day care, occasional care, outside school hours care, vacation care and registered care. The benefit applies to children who are fully immunised or have an approved [exemption](#) from immunisation.

As for the MIA, parents will be notified and have the child care benefits stopped if their child is not up-to-date with their immunisations at 18 months of age.

- **What are the exemptions?**

For parents to receive benefits when a child is not fully immunised the healthcare provider needs to certify that:

- their child has a medical reason not to have a particular vaccination; or
- their child has had a disease and has a natural immunity; or
- a particular vaccine is unavailable.

Parents can also make a formal conscientious objection if they have a personal, philosophical, religious or medical belief that their child should not be immunised. They will need to complete the [Immunisation exemption: conscientious objection form](#) (Medicare Australia) and ask their healthcare provider to sign it.

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## NEW RESOURCES

1. **VIC Quick Catch-Up Guide** – This great resource has been developed by DHS for use in Victoria. It has been developed to assist providers to create a catch-up immunisation schedule **for people with no documented vaccine history**. It includes:

- **catch-up tables for:** 3 – 11 month olds, 8 – 23 month olds, 2 – 7 year olds, and 8 – 20years+.
- **Medical risk factors table**
- **National Immunisation Program**
- **Immunisation Catch-up Schedule – appointment diary** – to record planned catch-up
- **Funded vaccine list**
- **Information on immunising adults**

Please note this resource is VIC specific. I have requested that DHS share this resource with NSW so that it can be adapted for NSW practices. I will let you know the outcome!

The guide can be accessed on the BDGP website [www.bdgp.org.au](http://www.bdgp.org.au) (Click on Practice Support, then Immunisation, and scroll down to the VIC resources link.);

Or on the DHS site – [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation) (click on the Quick Guide – Catch-up Immunisation link.

2. **Vaccine Fridge Poster** – double-sided coloured poster showing how to best use a domestic fridge to store vaccines; and how to pack an esky for temporary vaccine storage or vaccine transport. Ideal to keep by your fridge for quick reference. *(One copy per practice will be included with this month's newsletter)*

3. **Updated Immunisation Checklist** – produced by DHS – now includes a new checkpoint for preterm babies born less than 32 weeks gestation. This check point has been included to ensure infants born less than 32 weeks gestation are offered extra hepatitis B vaccine and extra doses of Hib and pneumococcal conjugate (Prevenar) vaccine where appropriate. Hard copies will be available for order shortly. *In the mean time I have produced a BDGP version and included it in this newsletter.*

4. **Updated Vaccine Fact Sheets** – available on the NCIRS website

1. Pertussis Vaccine for Australians
2. HPV Vaccine

[http://www.ncirs.usyd.edu.au/facts/f-fact\\_sheets.html](http://www.ncirs.usyd.edu.au/facts/f-fact_sheets.html)

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### **COLD CHAIN – check...reset...record!**

DID YOU KNOW?

- $-5^{\circ}\text{C}$  is cold enough to destroy vaccines
- freezing instantly destroys vaccines
- high temperature damage to vaccines is cumulative  
eg. 15 minutes on bench + 1 hour (fridge defrosting) + 3 hours fridge temperature at  $12^{\circ}\text{C}$  – always contact the CPH (NSW) or DHS (VIC) if you notice a vaccine has not been stored at the correct temperature for any reason, for any period of time.  
**DO NOT DISCARD VACCINES WITHOUT CONSULTING THE CPH OR DHS FIRST.**
- In NSW alone, approx. \$6 million of vaccines are wasted as a result of cold chain failure every year.

**Please take a minute first thing every morning and every afternoon to check, reset, and record your fridge temperature. Would you be more vigilant if you were paying for destroyed vaccines? Would you want your child immunised with an unviable vaccine?**

**If you need help to understand your fridge thermometer – how to read it properly and how to reset - please contact me at the division for help. You are not alone! I have seen many cases of thermometers being incorrectly read, never reset, and excessive high or low temperatures recorded with no action taken**

## WHAT ARE YOU PAID FOR IMMUNISING A CHILD?

<b>GP IMMUNISING</b>	
GP Consult Item 23	\$31.45
+ Item 10991 ( Bulk billing incentive)	\$8.00
ACIR Notification	\$6.00
Service Incentive Payment (SIP)	\$18.50
<b>TOTAL</b>	<b>\$63.95</b>
<b>NURSE IMMUNISING</b>	
Nurse Immunises Item 10993	\$10.60
+ Item 10991 ( Bulk billing incentive)	\$8.00
ACIR Notification	\$6.00
Service Incentive Payment (SIP)	\$18.50
<b>TOTAL</b>	<b>\$43.10</b>
<b>GP ASSESSING CHILD and NURSE IMMUNISING</b>	
GP Consult Item 23	\$31.45
+ Item 10991 ( Bulk billing incentive)	\$8.00
Nurse Immunises Item 10993	\$10.60
+ Item 10991 ( Bulk billing incentive)	\$8.00
ACIR Notification	\$6.00
Service Incentive Payment (SIP)	\$18.50
<b>TOTAL</b>	<b>\$82.55</b>

### **MEASLES, MUMPS, RUBELLA – EVENTS FOLLOWING VACCINATION**

The following results were published in The American Academy of Paediatrics journal. A US study evaluated the incidence of common adverse events in 1800 children receiving 1<sup>st</sup> or 2<sup>nd</sup> doses of MMR vaccine. Events include fever, rash and diarrhoea. None needed medical attention..

Vaccination-associated adverse events occur in ~1 of every 6 toddlers receiving measles-mumps-rubella vaccine dose 1, with high fever occurring in 1 of 20. Adverse events are infrequent for measles-mumps-rubella vaccine dose 2 administered to school-aged children.

#### **.....FOR YOUR INFORMATION.....**

**Whole of Life Register** – a consultant has been engaged by DoHA to carry out the first phase of the scoping study about the Whole of Life register for immunisation, and work on this important project has begun. I'll keep you informed of progress....

**ROTATEQ** vaccine for rotavirus in children has received PBAC recommendation to the government for inclusion in the national immunisation schedule. It is estimated that 10 000 hospitalisations, 20 000 ED visits and 100 000 GP visits occur each year in Australia as a result of rotavirus infection. The funding proposal should go to cabinet early 2007. Stay tuned....

**GARDASIL** vaccine for HPV infection was initially rejected for inclusion in an immunisation program due to cost. However discussion on this issue is continuing, with all sorts of government promises being made! So.... I am hopeful that it will ultimately be added to the immunisation schedule in the next year or two as well. Watch this space....