



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

IMMUNISATION NEWSLETTER – OCTOBER 2007



9TH EDITION IMMUNISATION HANDBOOK

The 9th edition of the Australian Immunisation Handbook is due to be released and delivered to your practice in November.

However, given the importance of the dosage change for influenza vaccine being given to children, the influenza chapter has been released in advance of the printed handbook.

I have included a paediatric dosing information sheet in this newsletter.

A PDF document of the influenza chapter from the NHMRC approved Australian Immunisation Handbook 9th Edition will be available from the Immunise Australia Program website <http://www.immunise.health.gov.au>

The purpose of the Australian Immunisation Handbook (the Handbook) is to provide clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice. These recommendations are developed by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National Health and Medical Research Council (NHMRC). The Handbook provides clinical recommendations based on the best scientific evidence available at the time of publication, using published and unpublished literature.

It is important to note that, as with all recommendations in the Handbook, amendments to the Influenza Chapter do not necessarily result in changes to the NIP Schedule, as further consideration is required through the new National Immunisation Advisory Structures.

SAEFVIC (No, it's not a spelling mistake!)

SAEFVIC is the new system for reporting AEFI (adverse events following immunisation) **in Victoria**. **SAEFVIC** stands for **Surveillance of Adverse Effects following Vaccination in the Community**. The service is available to all immunisation providers, including nurse immunisers.

SAEFVIC replaces reporting to ADRAC for vaccine related adverse events in Victoria.

- Helps immunisation providers manage children and adults who have had an AEFI
- Special clinics based at Royal Children's Hospital, Monash Medical Centre, and Royal Melbourne Hospital for patient referral and consultation.
- Doctor or nurse should notify any event felt to be significant following immunisation
- Any vaccine reaction which has affected a family's confidence in future immunisation, should be reported.
- SAEFVIC enables monitoring of immunisation reactions in Victoria, clinical assistance to families affected by an AEFI, and feedback to immunisation providers.

Phone: 1300 882 924

Fax: 03 9345 4163

email: Saefvic@mcri.edu.au

Or download report form from <http://www.health.vic.gov.au/immunisation>

To report an AEFI or unexpected event following HPV immunisation in NSW, please contact Alison at the CPH on 6080 8900. Reports will then be sent to ADRAC.

INFLUENZA

INFLUENZA VACCINATION

The flu season usually peaks between July and September, and can last well into October, so it's not too late to vaccinate.

It appears that a number of strains of flu are circulating simultaneously. The current vaccine contains two type A strains and one type B and therefore will provide protection against those strains and a broad range of related strains. The vaccine is reported to be 70-90% effective in persons under the age of 65 years when there is a good match between the vaccine and the circulating viruses. About 2 weeks is required for the vaccine to produce protective antibodies.

NEURAMINIDASE INHIBITORS (ANTIVIRALS) – for treatment and prevention of influenza

Anti-viral medicines, including Tamiflu and Relenza, are available on prescription for people with influenza and, if taken within 48 hours of onset of symptoms, can shorten the period and reduce the severity of the illness. While there is high demand during the influenza season, the suppliers of these medicines have advised that stocks are available nationally. As many illnesses share symptoms with influenza, a doctor's diagnosis and prescription are needed to ensure these medicines are used safely and effectively.

DRUG	Manufactured by	Treatment of influenza	Prophylaxis of influenza	Approx. Cost (not available on PBS)
OSELTAMIVIR TAMIFLU®	Roche	Adults and children ≥ 1 year	Adults and children ≥ 1 year	5 day course approx \$50
ZANAMIVIR RELENZA®	GSK	Adults and children ≥ 5 years	Adults and children ≥ 5 years	

Oseltamivir (**Tamiflu®** manufactured by Roche) and Zanamivir (**Relenza®** manufactured by GSK) are neuraminidase inhibitors that block the action of an enzyme on the surface of the influenza virus preventing the virus from spreading to and infecting other cells in the body. Tamiflu and Relenza are NOT vaccines.

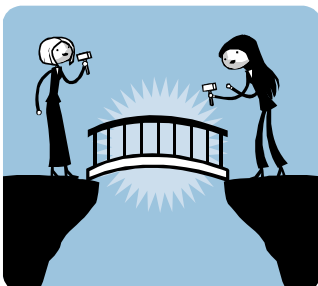
Tamiflu is the only antiviral treatment to be approved by the TGA for the treatment and prevention of influenza A and B in both adults and children aged over 1 year.

Relenza is approved for use in adults and children over the age of 5 years.

Both drugs are not available on the PBS, and are only available on prescription (A 5 day treatment course of Tamiflu costs approximately \$50 for both adult capsules and the liquid suspension).

They are most effective if taken within 48 hours of the onset of influenza symptoms. They may also be taken as a preventative measure during an influenza outbreak, or following close contact with an infected individual.

NURSES CROSSING THE BORDER



All practice nurses should have received Jackie's recent nursing newsletter explaining the issues facing nurses who are registered in one State, but occasionally work in the other. (eg wound dressing on a home visit). If any of you find yourself in this situation, or think you may at some time need to cross the border for nursing work related to your current practice nurse role, you should apply for mutual recognition of registration to the other State's registration Board, and include a copy of your current registration, and a letter from your practice stating the need to be able to work on occasions in both States.

HPV – SAFETY IN PREGNANCY AND LACTATION

Question: What is the recommendation for women who have commenced the 3 dose Gardasil course, and fall pregnant before the course is completed?

The following information has come from CSL and NCIRS.

Answer: There is no evidence to suggest that administration of Gardasil adversely affects fertility, pregnancy, or infant outcomes. **However, women who fall pregnant during the Gardasil course should be advised to postpone completion of the vaccine regimen until after baby has arrived.**

During the clinical studies for Gardasil, 2,832 women fell pregnant during the regimen and were instructed to defer completion of their vaccination regimen. Following Dose 3 in a non standard regimen (that had been interrupted due to pregnancy), the anti-HPV responses were comparable to those in women who had been vaccinated according to the standard 0, 2, 6 month regimen.

Furthermore, the proportion of pregnancies with an adverse outcome were comparable in those who received Gardasil and those who received placebo.

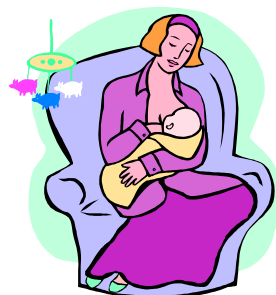
CSL has advised me that the following dosing regimens were used in the Gardasil clinical trials in women who became pregnant before completing the course;

If one dose was given prior to pregnancy, give a further 2 doses after delivery at least 3 months apart.

If 2 doses were given prior to pregnancy, give 1 more dose at least 2 weeks after delivery.



Question: Can Gardasil be given to women who are breastfeeding?



Answer: The product information advises that Gardasil can be given to lactating women.

During the clinical studies for Gardasil, 995 nursing mothers were given Gardasil or placebo. The rates of adverse experiences were comparable between vaccination groups. In addition, vaccine immunogenicity was comparable among nursing mothers and women who did not nurse during the vaccine administration. It is not known whether vaccine antigens or antibodies induced by the vaccine are excreted in human milk.

NCIRS – new HPV Q&A FACT SHEETS

If you would like more information on some of the curly questions you may come across about HPV vaccine, refer to the new fact sheet from the NCIRS – it has great information! The following are summary answers of 2 examples .

Q 2. I've heard that infection with the HPV types in the vaccine is actually very rare. Is it?

A. No, it's very common.

Studies have shown that among women aged 14 – 20 years old, 10 – 32% acquire HPV 16; and 4- 20% acquire HPV 18 over a 2 – 4 year period. The true rate is likely to be even higher, as many people who become infected and clear the infection never make an antibody response.

Q 8. How do we know the vaccine won't cause cancer?

A. The HPV vaccine does not contain any of the viral proteins which cause cancer. The pathways by which these viral proteins can disrupt normal cell growth and repair mechanisms to ultimately result in cancer, are well described in scientific literature.

HPV vaccine is made up of outer coat proteins of the virus only, with no viral DNA. It is not a live virus or a killed virus and is not infectious.

For more information on these and other questions you may have on HPV refer to the link below.

http://www.ncirs.usyd.edu.au/facts/hpv_faq.pdf

ROTAVIRUS VACCINES – INTERCHANGEABILITY and SAFETY

There has been considerable discussion lately about the interchangeability of the two Rotavirus vaccines Rotarix and Rotateq. This is particularly an issue for us on the Border. The following information comes from the NCIRS.

“Completion of a course of rotavirus vaccine should be with vaccine from the same manufacturer whenever possible. There are no studies that address the interchangeability of the 2 available rotavirus vaccines.

However, if either dose 1 or 2 of vaccine is given as RotaTeq, a third dose of rotavirus vaccine should be given, provided that the upper age limit and inter-vaccine interval are met.”

The problem is most obvious in jurisdictions where Rotarix is used, so that if an infant who had one dose of RotaTeq moves to a Rotarix S/T, the only way they could get a third dose in is if they either managed to have 2 subsequent Rotarix doses in the time intervals permitted (ie before 42 weeks), or they purchased a dose of RotaTeq. If either of those options are not taken, you could advise the parents that the baby may well still have been afforded significant protection by the two (different) doses.

NCIRS will shortly be updating their Rotavirus fact sheet, to reflect some of the above.

I occasionally receive questions about Rotavirus vaccines – safety and efficacy.

The licensed Rotavirus vaccines have undergone some of the largest and most stringent trials ever seen for any vaccine. In the late 1990s a different type of rotavirus vaccine (Rotashield®) was used. This vaccine was found to be associated with an uncommon type of bowel obstruction called “intussusception” and was taken off the market. The new rotavirus vaccines were tested with more than 70 000 children and *have not* been associated with intussusception.

Warning: DO NOT take Rotavirus vaccine out of its original packaging to store in your fridge. It is a light sensitive vaccine.



THEY'VE MOVED!



The Centre for Public Health has moved, and has a new phone number.

New address: Suite 1B, 620 Macauley St, Albury 2640

PO Box 3095 Albury 2640

Ph: 02 6080 8900 Fax: 02 6080 8999

Please update the details on your Immunisation Advice and Assistance sheet.

NSW HEALTH IMMUNISATION CERTIFICATES – No longer being supplied

If a parent requires proof of vaccination please advise GPs to use the official ACIR History Statement which can be requested from ACIR for children <7yrs.

If a statement is required for a child >7yrs, a hardcopy of the ACIR Immunisation History Form completed by the GP would be the best way to officially communicate this information.

VIC (DHS) VACCINE ORDER FORMS

An updated DHS vaccine order form is now available. Practices should receive notification in the next few weeks. You will see towards the top of the page there is now a statement regarding cold chain.

In order to receive Government funded vaccines, I agree that this centre complies with the recommended vaccine cold chain storage of 2^o-8^oC as stated in the National Vaccine Storage Guideline, Strive for 5: www.immunise.health.gov.au

Signature of authorised person:

Print name:

It is hoped that this will assist to remind practices about the cold chain requirements and to take ownership of their part in maintaining the Cold Chain.

The form can be accessed on the website: <http://www.health.vic.gov.au/immunisation/general/forms>

QUESTIONS THIS MONTH

HPV REGISTER

The proposal to develop an HPV Register has been passed in parliament. It is now law and hence the process for building and initiating the register has commenced. **Please Note:** Practices will need to gain consent from their patients to lodge their data with the register, so when vaccinating with HPV, please ask for "consent for immunisation and to lodge the data with the HPV register

Q. Do we have to send HPV data to the register?

A. The register is still not up and running (see HPV Register). But once it is, you are *strongly urged* to send HPV data to the register. There will be a payment for data sent on vaccinations given to 12 - 18 year olds. The register will be used to link future incidence of cervical cancer to vaccination status, and assist in evaluating the success of this very expensive but worthwhile program.

As well as questions relating to HPV vaccination and pregnancy, and Rotavirus vaccine Interchangeability, I have received a few other questions worth mentioning.

Q. Hep B missed at school in NSW.

In NSW: If 1 dose of Hep B vaccine is given in the Year 7 school based program, it will have been adult Hep B. If the student then misses receiving the second dose in the school program, he/she has 3 options.

1. Contacting the council to organise receiving a (free) Dose 2 of adult Hep B.
2. Contacting the GP to arrange for a script for Dose 2 of adult Hep B. (not free)
3. Contacting the GP who can order 2 doses of (free) paediatric Hep B from the CPH. – to be given a minimum of 2 months apart (optimal interval between dose 2 and dose 3 is 5 months)

For VIC guidelines, see BDGP VIC immunisation schedule.

GSK IMMUNISATION GRANT \$\$\$\$\$

GSK has launched new Adult Immunisation Grants aimed at supporting GPs, divisions and other health professionals to raise the level of awareness of immunisation amongst adults. Less than 4% of adults (aged 35 and older) believe they may be at risk of contracting pertussis (whooping cough) and less than 8% believe they may be at risk of contracting Hepatitis (A or B) infection. Even more surprising, less than 15% of adults in this age group believe they may be at risk of contracting influenza.

There are 2 grants of \$20,000 available. This is an opportunity for a division or practice to use this funding to develop resources, run a program or trial a different approach to adult immunisation. The Grants will be awarded to support innovative proposals that meet a pre-determined criteria agreed on by an independent panel of expert judges. For an application form, visit: www.gsk.com.au/adultimmunisationgrants or email adultimmunisation@hillandknowlton.com.au. Entry deadline is Friday 26 October 2007, 5.30pm EST.

PRACTICE IMMUNISATION RATES

How well do you understand your GPII 20A report and how your practice rates are calculated?

The GPII20A report that practices should all be working on over September/October, refers to children who were seen in your practice from April 06 – March 07.

The report only lists those children who were overdue for their immunisations as at 4 September 2007 - the date of printing.

Working through your GPII20A report will result in improved rates for your practice in the GPII Recalculation - if you send in data corrections to ACIR before the recalculation is done. This includes immunisations given but not recorded on ACIR, and data errors (wrong vaccine, dose, etc recorded)

Overdue children identified on the report who you are able to track down and immunise, **will** improve the recalculation.

They will also positively affect your rates in the next calculation. (November)

Remember, the good work you do now will affect your rates in 6 month's time, (when today's service dates become included in the reference period), not immediately. So don't lose heart! Let's make a concerted effort to lift all our practice and division rates!

Ideas to improve your rates.

So often, the division's and practices' lowest immunisation coverage rates occur in the 4 – 12 months and 12 – 18 month age group (currently just 86.7%).

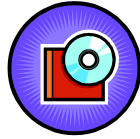
How can you improve the coverage in these age groups?

- Ask about immunisation. It is proven to improve immunisation rates. It leads to immunisation at the time or precipitates a return visit.
- Avoid deferring immunisation. Take the opportunity to immunise when it arises!
- Ensure that all due antigens are given (Use the BDGP schedules, and be on the lookout for missed antigens due to cross – border immunisation.
- Be careful with your reporting. Missing data or incorrect data is constantly happening.
- Send 1 year old birthday cards 1 – 2 weeks before a child is due for immunisation as a way of reminding parents that their child is due. It can be a computer generated card you make yourself, or something you buy in bulk. Sending birthday cards as reminders has been proved to improve immunisation rates.

Where does your practice rate?

BDGP August Quarter

100%	1 practice	★★ Congratulations Melrose Clinic! ★★
98% - 100%	1 practice	★ Almost there! Well done Howlong! ★
96% – 98%	8 practices	Good effort.
94% - 96%	9 practices	Can you improve on this?
92% – 94%	2 practices	Are you using all the ideas above to lift your rates.
90% – 92 %	1 practice	Danger zone – you are in danger of losing your payments!
88 – 90%	3 practices	Oh dear!!



STRIVE FOR 5

Interactive Learning DVD

The division now has 7 copies of a newly released DVD designed to demonstrate essential aspects of cold chain management.

30 category 1 RACGP QA &CPD points apply; 5 AAPM points apply.

Please contact the division if you would like to view the DVD, which has been sponsored by Sanofi, and stars Dr Greg Rowles (GP representative to AGPN and the National Immunisation Committee). Some of you may remember Greg, who presented at our HPV/Rotavirus workshop earlier in the year.

CHLAMYDIA: COMBATING THE EPIDEMIC

Rural Health Education Foundation DVD

Chlamydia: Combating the Epidemic DVD

Chlamydia: Australia's No 1 notifiable disease

Approx. 47,000 *notified* cases in 2006, and increasing every year

Now considered epidemic in Australia

Highest incidence in the 15 – 30 year old age group

60% female / 40% male

Often asymptomatic; may lead to PID and infertility

The division has obtained a copy of the Rural Health Education Foundation's DVD on Chlamydia. An evaluation questionnaire can be completed by GPs wishing to access CPD points from watching the program. Practice nurses are also welcome to view the DVD.

It would also be ideal for practice clinical education meetings.

The DVD learning outcomes will enable viewers to:

Recognise the need for Chlamydia screening and identify how advances in testing may be used in practices.

Identify strategies to overcome barriers to sexual health screening

Identify strategies for community engagement

Identify specific issues amongst target groups

Please contact Kerry at the division on 6049 1904 (kfinlay@bordergp.org.au) if you would like to borrow this DVD.

NOTIFIABLE DISEASES

Please notify your State public health unit of any case of the following diseases you identify. Your input can help to ensure appropriate and timely responses to disease outbreaks of national significance. Accurate data is important for appropriate public health decisions, policy and programs.

Acquired immunodeficiency syndrome (AIDS)	Leprosy (Hansen's disease)
Anthrax	Leptospirosis
Australian bat lyssavirus	Listeriosis
Barmah Forest virus infection	Lyssavirus unspecified
Botulism	Malaria
Brucellosis	Measles
Campylobacteriosis (not notified in New South Wales)	Meningococcal disease (invasive)
Chlamydial infection	Mumps
Cholera	Murray Valley encephalitis virus infection (notified as Australian arbo-encephalitis in Victoria)
Creutzfeldt-Jakob disease (CJD)	Pertussis (whooping cough)
Creutzfeldt-Jakob disease - variant (vCJD)	Plague
Cryptosporidiosis	Pneumococcal disease (invasive)
Dengue virus	Poliomyelitis – wild type and vaccine-associated
Diphtheria	Psittacosis (ornithosis)
Donovanosis	Q fever
Flavivirus infection –unspecified or not otherwise classified	Rabies
Gonococcal infection	Ross River virus infection
Haemolytic uraemic syndrome (HUS)	Rubella
<i>Haemophilus influenzae</i> serotype b (Hib) (invasive only)	Rubella - congenital rubella syndrome
Hepatitis A	Salmonellosis
Hepatitis B newly acquired	Severe acute respiratory syndrome (SARS)
Hepatitis B unspecified	Shiga toxin- and verocytotoxin-producing <i>Escherichia coli</i> (STEC/VTEC)
Hepatitis C newly acquired	Shigellosis
Hepatitis C unspecified	Smallpox
Hepatitis D	Syphilis - congenital
Hepatitis E	Syphilis - infectious (primary, secondary and early latent), less than 2 years duration
Hepatitis - not otherwise specified (not notified in Western Australia)	Syphilis - more than 2 years or unknown duration
Human immunodeficiency virus (HIV) infection - individuals less than 18 months of age	Tetanus
Human immunodeficiency virus (HIV) infection - newly acquired	Tuberculosis
Human immunodeficiency virus (HIV) infection - unspecified individuals over 18 months of age	Tularemia
Influenza laboratory-confirmed	Typhoid
Japanese encephalitis virus infection	Varicella infection (chickenpox)
Kunjin virus infection	Varicella infection (unspecified)
Legionellosis	Varicella zoster infection
	Viral haemorrhagic fevers (quarantinable)
	Yellow fever

NATIONAL DIVISIONS IMMUNISATION FORUM



The National Division's Immunisation Forum was held in Coffs Harbour in early September. (Lucky me!)

The forum dinner gives division immunisation program managers an opportunity to network, and share ideas and resources.

I was asked to do a presentation on our division's immunisation program and the resources I have developed, and was subsequently presented with an award:

"Division Award for the best program for promoting immunisation"

It's great to have all the hard work recognised. Probably even more rewarding was seeing how quickly all my resources were snapped up off the table. The laminated schedules you are all using are now in use all over NSW and VIC! I have included in this newsletter an insert highlighting the Border anomalies, that I included in my presentation.

Topics covered at the forum included:

- The importance of General Practice and immunisation for public health
- Vaccines of the year
- Collaboration
- Vaccine Management – making every shot count!
- Pandemic Planning
- Flu season 2008 – let's be organised
- Practice Nurse Immunisers
- NCIRS – lets be vigilant; no time for complacency

National Immunisation Budget:

Ever wondered why we are paranoid about avoiding cold chain breaches?

Well, aside from the fact that you should be ensuring that every vaccine you give is a viable vaccine, the cost to the government is enormous and growing at an incredible rate!

1995 – \$13 million

2005 - \$292 million

2007 - \$443 million

Don't assume that just because you have purchased a purpose built vaccine fridge your vaccines will be fine. ALL fridges used to store vaccine need daily monitoring, and regular data logging.

Free HPV vaccine:

Despite all the advertising in magazines and newspapers etc., the uptake of free HPV vaccine in the 18 – 26 year age group has been much slower than hoped.

Does your practice bulk bill HPV vaccination? Have you done a recall on your eligible patients and sent out invitation letters? Do you immunise opportunistically? Do you have posters and pamphlets on HPV vaccination clearly visible in your waiting room? Remember, HPV vaccine is only funded until end of June 2009.

Understanding Childhood Immunisation:

You might know all about it, but your patients may not! Please use the "Understanding Childhood Immunisation" booklets that are collecting dust somewhere in your practice. They contain a wealth of information for parents on vaccination, side effects, diseases, risks and benefits, etc.

Hand them out when you vaccinate! *(Please note: Rotavirus is not in this version)*