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## **Albury Wodonga Regional GP Network**

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

### **IMMUNISATION NEWSLETTER – JANUARY/FEBRUARY 2008**

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#### **IMPORTANT INFORMATION FOR ALL PRACTICES – PLEASE READ!!**

The Victorian Immunisation Schedule has changed from 1 March 2008 for infants at 2, 4, 6 and 12 months due to the unavailability of the Comvax and Pedvax vaccines from March until the end of 2008. This is due to a manufacturing problem in the USA for the manufacturers CSL/Merck.

**This means that in Victoria from 1 March until the end of 2008:**

- ❖ **Babies due for their 2, 4 or 6 month vaccinations will be given Infanrix hexa, Prevenar and RotaTeq**
- ❖ **Babies due for their 12 month vaccinations, who have already had 3 doses of Infanrix IPV, will be given Priorix, NeisVac C and Comvax – while stock remains.**
- ❖ **Babies due for their 12 month vaccinations, who have already had 3 doses of Infanrix IPV will be given Priorix, NeisVac C, Hiberix and HB VaxII Paed, if there is no remaining stock of Comvax.**

## **Information for Victorian Practices**

All VIC practices should have received information regarding the changes and new vaccines, new vaccine order forms, and a copy of the new schedule. Be aware that Infanrix hexa and Hiberix vaccines need to be reconstituted before use.

Please note: The new vaccine order form is now available online.

Points to remember:

- ❖ **From the 1 March 2008, change to the new schedule in VIC.** DO NOT follow the current schedule just because you still have a supply of vaccine.
- ❖ **From the 1 March 2008, Comvax is *only* to be given at the 12 month schedule.** (To babies who already received Comvax at their 2 and 4 months schedules, until stock runs out - expected to be end of June.)
- ❖ **From 1 March 2008, children aged 15 months to 5 years, who have not yet commenced their primary course of immunisation – Place on a catch-up schedule following the Australian Childhood Immunisation Register National Due and Overdue Rules to determine all vaccines due and intervals between doses. Give dose 1 of Infanrix hexa, and subsequent doses as Infanrix IPV plus HB VaxII Paed.**

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**Packaging of Infanrix hexa:** Please be aware that the initial supply of Infanrix hexa may come in either 10 packs or single packs, regardless of your order request. GSK has had to source vaccine from around the world to help fill the new demand, and some initial packs will have come from Turkey! These will have been relabelled, but will have 2 x 25g needles included in the pack. Infanrix hexa normally packed in Australia contains 1 x 25 gauge needle for reconstitution and 1 x 23 gauge needle for administration.

Please use a 23 gauge needle to administering the vaccine *not the 25 gauge needle if supplied.*

**Ordering Hiberix vaccine:** Hiberix does not need to be ordered at this time, as it will only be needed for 12 month olds when Comvax is no longer available (expected to be end of June). More information on ordering Comvax will be available in a few months.

**I have included with this newsletter, a revised VIC schedule indicating what is due on the new schedule and what should have been given on the old schedule, for babies who present at either 2, 4, 6 or 12 months of age.**

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## **OTHER VACCINE SUPPLY PROBLEMS**



### **Fluvax Supply 2008**

CSL has advised that this year, it is taking longer to produce large amounts of influenza vaccine due to the specific properties of two of the new strains required in this year's vaccine (A/Brisbane-like and B/Florida-like strains) which have low yields, resulting in a longer time frame to produce normal amounts of Fluvax® vaccine.

As a result, supply of Fluvax® vaccine into the PBS and private market will not commence until April, still well before the influenza season begins.

Supply of Fluvax® vaccine to the Government for the *Influenza Vaccine Program for Older Australians* will commence in February as in previous years in order to make available influenza vaccine to those members of our community generally most at-risk: people aged 65 or over.

Clinics that have placed pre-season orders for Fluvax® vaccine are encouraged to contact their wholesaler to discuss the delivery of their order. ***Have you ordered your Fluvax yet?***

## Japanese Encephalitis JE

– **there is a shortage of the vaccine which is likely to last for up to 2 years** and hence there has been a prioritised ration plan developed by DoHA.

For us the important message is that for travellers, vaccine is only being provided through recognised travel vaccination organisations and to them through pharmacy wholesalers. The travellers are also prioritised on an assessment of risk of exposure – highest risk being for those spending a month or more in a rural area in an endemic country with certain extra provisos ..... and the first priority will be those Australian citizens required to travel on government business or on behalf of the government.

There is some additional information on this site:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/japanese-encephalitis>



## **NIP (NATIONAL IMMUNISATION PROGRAM) AND ROTAVIRUS**

When new vaccines are added to the childhood immunisation schedule, or changes take place, it can be difficult to remember all the details.

Please use the laminated schedules you all have, and check carefully before each vaccination encounter to ensure you are following the current guidelines.

**Rotavirus vaccination was introduced in July 2007 as part of the NIP.**

It is not an optional extra, but every bit as important as the other vaccines you give.

Prior to the introduction of rotavirus vaccination in Australia, there were approx 1 death, 10 000 hospitalisations, 22 000 emergency department visits and 115 000 GP consults every year due to Rotavirus.

Although Rotavirus vaccine is part of the schedule, it does not affect your immunisation rates, as you cannot provide catch-up vaccination.

- ❖ NSW -Rotarix Dose 1 must be given by the end of the 14<sup>th</sup> week of age (& no earlier than 6 wks)
- ❖ VIC - Rotateq Dose 1 must be given by the end of the 12<sup>th</sup> week of age (& no earlier than 6 wks)
- ❖ If Dose 1 has not been given by the stated age, no “catch-up” doses may be given.
  
- ❖ NSW – Rotarix Dose 2 must be given between 10 and 24 weeks of age
- ❖ VIC – Rotateq Dose 2 must be given between 10 and 28 weeks of age
- ❖ VIC – Rotateq Dose 3 must be given between 14 and 32 weeks of age
- ❖ There must be a minimum 4 week interval between doses

## **COMMUNICABLE DISEASES**

A cooling tower in Wodonga has recently tested positive for Legionella. To date there have been no reported cases of legionellosis from the Wodonga area, but this is a timely reminder to GPs to consider Legionnaire’s disease in patients presenting with influenza-like symptoms such as headache, fever, rigors, cough and myalgia, particularly those with pneumonia or dyspnoea.

Legionnaire’s is a notifiable condition and must be notified to the Communicable Diseases Prevention and Control Unit within 24 hours of diagnosis. Ph 1300 651 160.

## ANAPHYLAXIS FOLLOWING IMMUNISATION

Anaphylaxis can occur (rarely) following immunisation, so it is important that emergency equipment including Adrenalin. (Be aware Adrenalin has a short shelf life!)

Patients should be observed for at least 15 minutes after vaccination.

A patient who experiences an allergic reaction should not be given any further doses of the possible vaccine culprit until specialist medical advice has been sought.

Contact SAEFVIC on 1300 882 924. (Victoria)

Contact ADRAC on 02 6232 8386 (NSW)

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## HPV VACCINATION

Now that many women are due/overdue for their 2nd dose of HPV vaccine (and in some cases their 3<sup>rd</sup> dose) questions are starting to arise about what sort of catch-up schedule they can go on, minimum intervals between doses, and vaccine efficacy if they are overdue for a dose.

In clinical studies:

- ❖ **efficacy was demonstrated in women who received all three doses within a 1 year period.**
- ❖ The ideal schedule is Dose 1, followed 2 months later by Dose 2, followed 4 months later by Dose 3



If an alternative schedule is needed:

- ❖ The minimum interval between Dose 1 and Dose 2 is 1 month.
- ❖ The minimum interval between Dose 2 and Dose 3 is 3 months.

**NSW School Vaccination Program:** Please note, if the 1<sup>st</sup> dose of HPV is missed in the school vaccination program, all 3 doses are to be given by a GP.

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## MEASLES and RUBELLA OUTBREAKS SPARK CONCERN



Recent outbreaks of Rubella (also known as German measles) and Measles have been reported in Sydney with at least four babies less than 12 months infected with the highly contagious disease, Rubella, and 3 Measles cases reported (source remains unknown so further cases are likely).

Rubella is not normally a serious illness, but it can cause complications in pregnant women - if a woman is infected between the 8<sup>th</sup> and 12<sup>th</sup> week of pregnancy, about 90% of babies have some form of deformity. Doctors should urge women who are trying to get pregnant, or in early stages of pregnancy to check their immunity to the disease.

Children are now routinely vaccinated for measles, mumps and rubella at 12 months and four years, however many adults (particularly men born between 1966 and 1985) have not received the vaccine and, as a result, don't have immunity. Reduced population immunity can lead to a potential outbreak at any time. It is therefore imperative that patients visit their GP to check their immunity to the disease and get a booster vaccine if immunity levels are low.

**Symptoms of rubella** can include a fine rash (often mistaken for heat rash) and fever, arthritis or painful joints, headache, swollen lymph glands, a cough, runny nose and conjunctivitis. **See insert for further Measles advice.**

## RECORDING VACCINES WITH ACIR

Please be careful when recording childhood immunisations with ACIR (and in your records).

You might know exactly what you mean when you record "Infanrix" (ie that it was really Infanrix-IPV), but the next person to check the child's records may assume the polio component wasn't given and the child is therefore incompletely immunised.

ACIR has just completed a big correction of records where Infanrix-IPV was reported as Infanrix. But the responsibility for correct reporting is yours – be careful, and get it right the first time! (And if reporting immunisations to ACIR using paper encounter forms, don't use old stationery.)

### **ACIR Medclaims Notice**

Medicare Australia is discontinuing its Medclaims service as of end of June 2008.

A letter was sent to all providers using this service in November 2007 outlining the changes, choice of new claiming options & actions required my current Medclaims practices.

Please contact me if you have been using Medclaims to report immunisations to ACIR, and will need to look at alternative reporting options.

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## NEW RESOURCES



**Rotavirus Provider Guidelines** – DoHA has produced a concise but comprehensive booklet on rotavirus, the available vaccines, their use and administration. It's a great quick reference tool. I have added it to the BDGP website [www.bordergp.org.au](http://www.bordergp.org.au). If anyone would like a hard copy please contact me on [kfinlay@bordergp.org.au](mailto:kfinlay@bordergp.org.au) or ph 6049 1904.

**9<sup>th</sup> Edition Australian Immunisation Handbook** – no further news on when it will arrive – *some time in 2008 is my best guess!*

**Immunisation Saves Lives (reminder cards from NSW Alliance of Divisions)** – these have been around for a while. Have you been using these to notify parents of an overdue childhood vaccination? I have some in stock at the division, and have ordered more. I have included one with this newsletter to remind you about them. Please let me know if you would like some for your practice.

**Adverse Events Pad (NSW)** – I still have a few copies of the NSW tear-off pad of commonly observed reactions to immunisation. Please contact me if you would like another copy. (Suitable for both NSW or VIC practices)

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## VICTORIAN IMMUNISATION STRATEGY

The role of the Victorian Immunisation Strategy is to provide a clear overview and direction for immunisation service providers and consumers in the State, within the context of national policy. The development of the Strategy started in April 2007 and has been overseen by the Victorian Immunisation Advisory Committee (VIAC), a cross-sectoral body of independent immunisation experts that meets regularly to review and inform immunisation policy and services across Victoria.

The draft of the Victorian Immunisation Strategy for further consultation with a broader section of the community is available from the immunisation website at:

[http://www.health.vic.gov.au/immunisation/general/policy\\_and\\_procedure/victorian\\_immunisation\\_strategy](http://www.health.vic.gov.au/immunisation/general/policy_and_procedure/victorian_immunisation_strategy)

If you are interested in reviewing and commenting on the draft, please email all comments back by 21 March 2008 to the Immunisation Program email address at: [immunisation@dhs.vic.gov.au](mailto:immunisation@dhs.vic.gov.au)

All comments will be reviewed and considered in the final development of the Victorian Immunisation Strategy.

## **VARICELLA VACCINATION - seroconversion**

*(the following information is from the NCIRS – following a question regarding seroconversion following varicella vaccination)*

Standard (commercially available) serologic testing for varicella is often not sensitive enough to detect antibody generated after vaccination. This is because antibody levels generated after vaccine may be up to 10 times lower than after natural infection (but still usually protective). For this reason, it's not recommended to do serology after vaccination. This is discussed on pg 285 in the 8<sup>th</sup> edition of the Handbook, and is the same in the soon to be launched 9<sup>th</sup> Edition.

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## **CHANGES TO THE PBS – January 2008**

Vaxigrip junior® by Sanofi is an influenza vaccine suitable for children from 6 months to 35 months of age. It has been added to the PBS for children who are at risk of adverse consequences from lower respiratory tract infections (chest infections). This will provide doctors with a more convenient form of influenza vaccine for young children.

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