



Albury Wodonga Regional GP Network

www.bordergp.org.au



IMMUNISATION NEWSLETTER – JULY 2008

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

IN THIS EDITION

- ❖ **Accredited Nurse Immunisers – cross border recognition**
- ❖ **Victorian Schedule – National Immunisation Program**
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- ❖ **NSW Health Policy – Health Students (nurses, physios, OTs, etc)**
- ❖ **Budget Changes to GPII 2008 – *affects every practice!***
- ❖ **Vaccinating Pre-Term Babies**
- ❖ **Tetanus – be alert**
- ❖ **Rotateq – available for catch-up in NSW**
- ❖ **Inserts – New Resource! - pictorial immunisation schedules (NSW and VIC)**
 - **Updated dual State schedule (*please remove old version from practice*)**
 - **Updated VIC schedule (*please remove old version from practice*)**
 - **Health Checks and Immunisation (GPNSW table)**
 - **Updated TGA Gardasil fact sheet (for providers)**

ACCREDITED NURSE IMMUNISERS – CROSS-BORDER RECOGNITION

NSW accredited nurse immunisers are usually able to work as accredited nurse immunisers in VIC. The nurse simply needs to send a letter to La Trobe University requesting Victorian recognition of their NSW qualification. Photocopies of all relevant certificates and a course outline should be included to enable the university to see what topics were covered.

Most NSW qualifications are accepted.

La Trobe University also offers a Challenge Exam to NSW accredited nurses. This is a 25 question, multiple choice, open book exam, to ensure the NSW qualification meets VIC requirements. (*cost- \$100*)

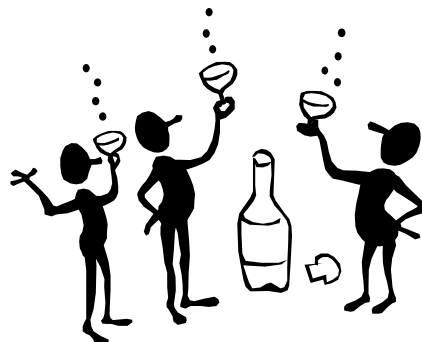
Nurses can post or fax in their paperwork at any stage, and it will be assessed and acknowledged within a week. For further information see contact details below.

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VICTORIAN SCHEDULE – NATIONAL IMMUNISATION PROGRAM



Great news for us on the border!

Following the changes to the Victorian Immunisation Schedule introduced on 1st March 2008, it has been decided that:

- ❖ **Hiberix will be introduced on 1st September 2008**
- ❖ **Victoria will not be returning to the use of Comvax**

This means that the only difference between the two State schedules (NSW and VIC) is the rotavirus vaccines – 2 dose course of Rotarix in NSW, and 3 dose course of Rotateq in VIC.

Less confusion, and hopefully less overdue vaccines from missing Hep Bs and HIBs, when babies cross the border for immunisation.

Catch-ups with Infanrix hexa.

Infanrix hexa is used to complete catch-up immunisation in children less than 8 years of age. This may mean the administration of extra antigens; however this is not considered a problem.

- ❖ **The minimum interval between Dose 1 and 2 of Infanrix hexa is 4 weeks.**
- ❖ **The minimum interval between Dose 2 and 3 of Infanrix hexa is 8 weeks (due to the Hep B antigen)**

Hiberix.

Hiberix will replace Comvax for 12 month olds from 1st September.

Hiberix orders can be placed from 1st August and deliveries will take place from mid to late August. Orders for Hiberix received prior to 1st August will not be processed and will need to be reordered.

Hiberix MUST BE RECONSTITUTED prior to administration.

NB: *There are 2 needles supplied with Hiberix – a 25G 16mm needle for reconstitution, and a 23G 25 mm needle for administration. Please note: the 23 G 25mm needle has an orange hub, unlike the standard blue on 23 G 25mm needles in Australia.*

Only infants who received 3 doses of Infanrix IPV and *no doses of Infanrix hexa* should be given Comvax as part of their 12 month old schedule. For these infants, if Comvax is no longer available, give Hiberix *and* Hepatitis B.

The Quick Guide Catch-up for immunisation of people with no immunisation history has been updated and is now available on the Immunisation Program web site at:

http://www.health.vic.gov.au/_data/assets/pdf_file/0010/240868/quickguidecatchup_08.pdf

The Guide has been updated with Infanrix hexa and Hiberix vaccines and dTpa vaccine as the first dose for a primary course of vaccine in people 8 years and over.

2008 INFLUENZA VACCINATION PROGRAM

Those eligible for free influenza vaccine:

- ❖ People aged 65 years of age or older
- ❖ Aboriginal and Torres Strait Islander people aged 50 years of age or older
- ❖ Aboriginal and Torres Strait Islander people aged 15 – 49 years medically at risk

There are many people who are at increased risk of complications from influenza and who are recommended to receive influenza vaccine, *even though they are not eligible for free vaccine*.

❖ People at high risk of complications from influenza infection

Anyone >6 months of age with cardiac disease; chronic respiratory conditions (including cystic fibrosis, asthma, COPD, etc); diabetes mellitus, chronic metabolic disease, renal failure, haemoglobinopathies; impaired immunity; chronic neurological conditions; children on long term aspirin therapy; pregnant women; residents of nursing homes and other long term care facilities (higher rates of transmission and complications during outbreaks); homeless people

❖ People who may potentially transmit influenza to those at high risk of complications

staff of nursing homes, healthcare providers, household contacts of individuals in high risk groups

❖ People involved in the commercial poultry industry or culling of poultry during an avian influenza outbreak

(although routine influenza vaccination does not protect against avian influenza, there is a possibility that a person who was infected at the same time with both human and avian influenza virus could allow reassortment of the two strains to form a virulent strain that could spread from human to human (initiate a pandemic)

❖ People providing essential services

(to minimize disruption of essential services during an influenza outbreak)

❖ Workers in other industries

(the cost effectiveness of influenza vaccination in industry is deemed to be cost-effective over time.

❖ Travellers

(large tourist groups, cruise travellers, those travelling to areas where influenza is currently circulating.)

Contraindications to influenza vaccination

- ❖ Anaphylaxis following previous influenza vaccination
- ❖ Anaphylaxis following any vaccine component
- ❖ Anaphylactic sensitivity to eggs

HPV VACCINE – program reminder

There is now less than 12 months for eligible women to receive a free full course of HPV vaccine.

The funded vaccine program ceases for females aged 13 to 26 years on 30 June 2009.

Please continue to actively promote HPV vaccination to this group of your patients.

Also please note: From July, Gardasil will be presented in pre-filled syringes rather than vials. The pre-filled syringes do not contain a needle for administration. They can be ordered in single packs or packs of ten. Please consider when placing orders that Gardasil will now take up more space in your fridge.

TGA Updates Gardasil Advice

TGA updated its safety advice on Gardasil on 4th July. This REPLACES the old version from earlier in the year. This is very important information to disseminate to providers who may be answering queries from patients on the safety profile of the vaccine.

It's available online: <http://www.tga.gov.au/alerts/medicines/gardasil.htm> and on our website

HEALTHY KIDS CHECK

Introduced on 1 July, this new Medicare Item Number is designed to make sure kids are happy, healthy and ready to learn, prior to starting school.

The Healthy Kids Check will be available to all four-year-olds at the request of parents or carers **at the time of their four-year-old immunisation**, when children are getting ready to start school.

Delivered by GPs and practice nurses, it will include such things as height, eyesight and hearing.

709 - Healthy Kids Check performed by GP (Rebate \$45)

711 - Healthy Kids Check performed by practice nurse (Rebate \$45)

The check is to be delivered **in conjunction with the 4 year old immunisation**.

(This prevents the item from being claimed more than once as only one health check/child will be paid by Medicare.

It can be performed by either GP, registered (Div 1) or enrolled (Div 2) practice nurse. However practices should be aware that many nurses have not been trained to perform child health checks. The network is investigating training opportunities to ensure that nurses are competent to perform this health check.

As part of the check, information must be provided - using the DoHA publication - **Get Set 4 Life - habits for healthy kids**. Get Set 4 Life booklets are not automatically being sent to practices – they have to be ordered. Get Set 4 Life can be ordered online at resourcekits@health.gov.au. If anyone urgently needs a booklet prior to ordering and receiving their own, I have a few copies at the network.

Resources to assist you with this new item number have been emailed to Practice Managers, and are available on our website www.bordergp.org.au.

or at http://www.health.gov.au/internet/main/publishing.nsf/Content/Healthy_Kids_Check

Please note! The Healthy Kids Check item number cannot be claimed if the 4 year old immunisation has not been given! The immunisation can be given prior to the health check (different day), on the day, or afterwards, but the item number for the check cannot be claimed until the immunisations have been given. Medicare will be able to link the item number to immunisation information recorded on ACIR.

Items 709 and 711 cannot be claimed with another GP attendance on the same day. E.g. you cannot claim an item 23 for consult and immunisation, then the health check item number as well. You can however claim the bulk billing incentive payment.

Maternal and Child Health Nurse Prior to this item number being introduced, there has already been in place a recommended 3 ½ - 4 year old health check by maternal and child health nurses. They have been performing these health checks for some time, along with health checks at earlier ages during infancy. The maternal and child health nurses perform this check on approximately 65% of 3 ½ - 4 year olds in Wodonga. It is a standard check throughout Victoria.

So please enquire if a child has already had a 4 year old health check by a maternal and child health nurse, prior to you performing the check. (It will have been recorded in the child's blue book.) You may be wasting time and money by repeating what is essentially the same health check!

In NSW, there is no standard health check performed on 4 year olds. It may be performed in some towns, but not in others.

GET SET 4 LIFE – HABITS FOR HEALTHY KIDS GUIDE

- Given to parents/carers when the Healthy Kids Check is conducted. This is a practical, user-friendly guide to help parents help their kids develop healthy habits for life.

It will help parents and carers get a better sense of what they would normally expect to see in a four-year-old child, and encourage them to talk to their GP if they have any concerns with their child's health or development.

The guide will have info on key areas of health such as: healthy eating, regular exercise, speech and language, oral health, skin and sun protection, and hygiene.



NSW HEALTH POLICY

– OCCUPATIONAL ASSESSMENT, SCREENING and VACCINATION AGAINST SPECIFIC INFECTIOUS DISEASES.

This information is relevant to all practices.

A NSW Health Policy introduced in 2007 requires all staff working in NSW Health (hospitals, community health, aged care facilities, etc) to be appropriately protected against specific infectious diseases.

This includes students undertaking clinical placement for medicine, nursing, physio, OT, podiatry, etc.

Acceptable evidence of protection includes a written record of vaccination signed by the provider, and/or serological confirmation of protection.

NB: The requirements are very rigid, and students without all the appropriate evidence will be denied placement.

| DISEASE | ACCEPTABLE EVIDENCE OF PROTECTION |
|--------------------------------|---|
| Diphtheria, tetanus, pertussis | One documented doses of adult dTpa vaccine (ie Boostrix, Adacel) <i>NB: ADT is not sufficient. The vaccine must contain pertussis.</i> |
| Hepatitis B | Documented evidence of a completed, age-appropriate course of hepatitis B vaccine <u>and</u> documented evidence of anti-HBs \geq 10mIU/ml; <i>NB: Age appropriate courses:</i> <i>3 paediatric doses of Hep B (< 20 years of age),</i> <i>or 2 adult doses of Hep B (11-15 years of age),</i> <i>or 3 adult doses of Hep B (\geq 20 years of age)</i> <i>or 2 adult doses of Twinrix (1 - < 16 years of age)</i> <i>or 3 paed doses of Twinrix Junior (1 - , 16 years of age)</i> <i>or 3 adult doses of Twinrix (\geq 16 years of age)</i> Documented vaccination evidence alone is not sufficient, nor is serology alone. Both are required. OR documented evidence of past hepatitis B infection (anti-HBc) |
| Measles, Mumps, Rubella | Birth date before 1966; OR documented evidence of 2 doses of MMR vaccine at least one month apart; OR documented evidence of positive IgG for all three diseases. |
| Varicella | History of chickenpox; OR documentation of physician-diagnosed shingles; OR documented evidence of a positive varicella IgG; OR documented evidence of age-appropriate varicella vaccination |

BUDGET CHANGES TO GPII 2007-2008

The changes:

End of SIP!

Sadly, the latest budget announcement saw the removal of the GPII SIP (General Practice Immunisation Incentive Service Incentive Payment).

This means **GPs will no longer receive the payment of \$18.50 for each complete schedule encounter** at 2, 4, 6, 12 months and at 4 years. This will take effect 1st October 2008. Eligible services given up to and including 30th September 2008 will receive the SIP as long as the notification is received by ACIR before the end of December 2008 (actual due date to be announced when Medicare Australia arranges their times).

Maternity Immunisation Allowance

The Maternity Immunisation Allowance, \$236.70 (a separate payment to the Baby Bonus) will now be split into 2 payments, the first remaining at 18 – 24 months and the second at 4years 3 months – 5 years. The children affected by the change are:

- 1) those born from July 2008 onwards
- 2) those born from Jan 08 to June 08 who have not claimed the MIA by 31 Dec 08.

What will remain unchanged:

GPII will continue funding for Divisions, SBOs, and National Coordination support for 2008-2009. GPII will be reviewed in 2008.

GPII SOP - (GPII Service Outcomes Payment) – This is payment for practices who reach over 90% immunisation coverage for their practice and is calculated on a whole patient equivalent basis for those patients seen at least twice in the past 12 months by the clinic, thus the amount is dependent on the clinic population, however the payment is not affected by where the patient was immunised.

ACIR encounter – This payment is \$6.00 and paid by ACIR for each notified childhood immunisation encounter. This is the same amount paid for all notifications to ACIR, ie: same amount paid to councils or hospitals.

Councils also receive some funding from DHS similar to the SOP, but it is harder to achieve and is a variable amount.

DHS provides a pool of money, distributed annually to those councils that have reached 90% over the 4 consecutive quarters for that period. Miss one quarter and they don't get any of the funds. Be the only council to reach the target and they receive the lot; if all 70 odd councils attain target they all get a much smaller amount. **Councils ability to reach the target is also affected by GP reporting as they are judged on ALL children in there area.**

Nurse Medicare item number – The item number 10993 is paid for immunisation services provided by the practice nurse, and item number 10988 for immunisation services provided by a registered Aboriginal Health Worker.

VACCINATING PRETERM BABIES

Preterm babies produce good antibody responses to most vaccines on the NIP. However a few vaccines require additional doses to ensure adequate protection.

Pneumococcal vaccine

A 14 month old preterm baby was recently diagnosed with Pneumococcal septicaemia. The baby had been fully vaccinated at 2, 4 and 6 months of age, but had not received the additional Prevenar vaccine at 12 months.

Remember: it is important to give an additional Prevenar vaccine at 12 months of age, and a Pneumococcal 23 vaccine at 4 - 5 years of age to preterm babies born at < 28 weeks of age.

Hepatitis B vaccine

Preterm babies do not respond as well to Hepatitis B vaccine as term babies.

For babies born at < 32 weeks, or < 2000gm birth weight, Hep B is recommended at 0,2,4 and 6 months of age, followed by

- ❖ either measuring anti-HBs at 7 months and if the antibody titre is <10mIU/ml giving a booster at 12 months OR
- ❖ giving a booster at 12 months without measuring the antibody titre

Influenza vaccine

Preterm infants with ongoing problems at 6 months of age (particularly respiratory, cardiac, or neurological) should receive influenza vaccine.

TETANUS

Never assume that your patients have had a primary course of immunisation!

Earlier this year a well 80 year old woman Australian woman fell in her garden, wounding her arm and ankle. She was given an ADT booster but was not asked if she had previously been vaccinated for tetanus.

She went on to develop tetanus symptoms (diagnosed by a physician looking for arthritis in her temporal mandibular joint!) before being hospitalised in Intensive Care, requiring ventilation and surgical debriding of her wounds, high dose antibiotics and tetanus immunoglobulin.

New recommendations for vaccinating adults with a primary course of tetanus containing vaccine:

- ❖ **Dose 1 – dTpa (Boostrix or Adacel) (to provide some pertussis protection)**
- ❖ Dose 2 – dT (ADT Booster) - one month later
- ❖ Dose 3 – dT (ADT Booster) - one month later
- ❖ Dose 4 – dT (ADT Booster) - 10 years later
- ❖ Dose 5 – dT (ADT Booster) - 10 years later

ROTATEQ – vaccine available at PHU in NSW.

GSAHS can now access Rotateq for general practices in NSW, where a baby presents who was commenced on Rotateq in VIC, and is unable to complete the rotavirus vaccination schedule with Rotarix due to the age restraints.

This applies to babies who are between 24 and 32 weeks of age, who have had one or two doses of Rotateq. All 3 doses of Rotateq must be given before 32 weeks of age, with a minimum of 4 weeks between doses. Rotarix cannot be given to complete their schedule, after the age of 24 weeks.

Should you have a cross-border baby in this situation, phone Alison Nikitas at GSAH on 6080 8915.

Babies less than 24 weeks of age who have had 1 dose of Rotateq, can be given 2 doses of Rotarix to complete a 3 dose course, provided the 4 week minimum interval and upper age limit of 24 weeks is maintained.

Babies who are late for their first immunisation and older than 12 weeks of age should not receive any doses of Rotateq vaccine.

Please remember that Rotavirus vaccines cannot be given after the cut-off dates listed above.

RESOURCES

2008 Immunisation Schedules

I have revised the Victorian, NSW, and dual State (VIC/NSW) schedules since the introduction of the 9th edition handbook, and the division's change of name.

Included with this newsletter (one per practice) is a copy of the **revised dual State schedule**. It now reflects the changes to the VIC schedule due to Comvax being out of production. The only significant difference between the two States now is Rotavirus – 2 dose Rotarix course in NSW and 3 dose Rotateq course in VIC.

If any practice would like additional copies of this, please contact me at the network on 6049 1904 or kfinlay@bordergp.org.au

I have also included a few copies for each Victorian practice of **the revised Victorian schedule**. It is aqua blue, and replaces the green BDGP Victorian schedule dated July 2007.

The **multicoloured table for Victorian practices** that I produced earlier this year to help you calculate what a baby is due to receive following the changeover to Infanrix hexa, is still perfectly OK to use, but has less information on it than the revised (aqua) schedule. It was designed as a quick calculator rather than a complete schedule.

There is no significant change to the NSW schedule. Practices should be using a yellow schedule dated July 2007. If anyone needs an additional copy of the NSW schedule, please let me know.

Please remove all old copies of the schedule from your practice, and use only current schedules.

PICTORIAL NATIONAL IMMUNISATION SCHEDULE – NEW RESOURCE!

I'm very excited to include with this newsletter the new National Immunisation Schedule pictorial injection site resource that I have developed in conjunction with GPNSW (formerly The Alliance of NSW Divisions), who funded the project.

This project has taken several months, (working with a design company) to provide the most comprehensive, easy to read, accurate resource we could. I know several of you have wanted something like this for some time.

I would welcome any feedback on the resource.

NEW – Protecting Your Child: Understanding Childhood Immunisation

DVDs and brochures for parents (duration 10 minutes)

The Understanding Childhood Immunisation brochure has been updated (again!) The new version is a simple brochure (rather than a booklet), has the new schedule inside the back (including Rotavirus) and Antonia Kidman on the front cover.

The DVD also has Antonia Kidman on the cover, and shows her talking about the importance of protecting your child, the importance of immunisation, and interviewing various immunisation experts (Dr, child health nurse, etc) who discuss parent concerns about overloading the immune system, why we should keep the immunisation rates up, why timely immunisation is important, etc.

I have **1 copy** of the DVD which I am happy to lend out. However, practices can order their own copies of the DVD and brochures – phone 1800 671 811. It would be great to run in waiting rooms, for any practices that have this facility!

Immunisation Resources in Community Languages

At present, DHS has immunisation resources produced in the following languages.

These can be found at <http://www.health.vic.gov.au/immunisation/language>

| | | | | |
|------------|---------|---------|------------|------------|
| Arabic | Bosnian | Chinese | Croatian | Greek |
| Indonesian | Italian | Karen | Khmer | Macedonian |
| Maltese | Polish | Russian | Serbian | Sinhalese |
| Somali | Spanish | Turkish | Vietnamese | |

If you feel there is a need within our Division for immunisation information in other languages, particularly for newly arrived refugees or migrants, please let me know.

I would be very interested to hear from any practice that has new patients who are newly arrived refugees/migrants, as there is a program within GPV to assist them with all immunisation/health issues.

Other resources available to assist practices with refugee health include:

- ❖ Refugee Health Assessment Template
- ❖ Refugee Vaccine Order Form
- ❖ Refugee Desktop Guide
- ❖ Refugee Handbook

Please let me know if you would like me to email any of these to you. You can also find them on our website.

NOTES