

Now trading as

Albury Wodonga Regional GP Network

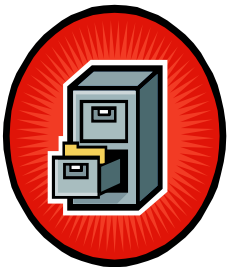
PLEASE ENSURE ALL GPs, NURSES AND OTHER INTERESTED STAFF RECEIVE THIS NEWSLETTER

IMMUNISATION NEWSLETTER – MARCH - MAY 2008

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HEALTH RECORDS (including vaccine fridge temperature records)



NSW Health State Records Act 1998 informs area health services and public sector health service providers in managing health records.

It does not cover general practice.

The Act (Section 12.7.0 Immunisation) advises that records relating to the general operation and administration of vaccination programs, including vaccine fridge temperatures should be retained for a minimum of 5 years from date of last action, then destroyed.

This is in contrast to the AGPAL P&P Manual which states:

The vaccine refrigerator logbook records should be kept for the same length of time a practice would keep their patient health records, i.e. 18 years for a child, plus 7 years for an adult so 25 years altogether or as required by State or Territory legislation.

At this stage the AGPAL recommendation is the guidelines which we follow for general practice as they relate to the RACGP Standards for General Practice and are not in direct conflict with any state based legislation.

(Information from Alliance of NSW Division newsletter January 08)

NEW VICTORIAN IMMUNISATION SCHEDULE – REMINDERS

- ❖ Infanrix IPV should *only* be given at the 4 year schedule from 1 March 2008. All babies at 2, 4, and 6 months of age should be receiving Infanrix hexa.
- ❖ Comvax should *only* be given at the 12 month schedule from 1 March 2008 to babies who were given Infanrix IPV at 2, 4 and 6 months of age and Comvax at 2 and 4 months. Once Infanrix hexa has been introduced into the baby's schedule, he/she should be given Hiberix at the 12 month schedule, not Comvax.
- ❖ Even if you have a large supply of Infanrix IPV and Comvax in your fridge, you should be following the new schedule from 1 March 2008.
- ❖ When your supply of Comvax runs out, 12 month olds who have been immunised at 2, 4 and 6 months following the old schedule (Infanrix IPV and Comvax) and have had no doses of Infanrix hexa, will need to be given Hiberix and HB Vax II paed at their 12 month schedule. This will mean a total of 4 injections at this schedule – Hiberix, HB Vax II paed, Priorix and NeisVac C.
- ❖ For unimmunised babies older than 15 months of age who are being commenced on a catch-up schedule – only one dose of Hib vaccine is needed, and no Rotateq, so the schedule required is:

At first visit - Infanrix hexa 1, Prevenar 1 (if <23 mths age), Priorix 1 and NeisVac C
1 month later - Infanrix IPV 2, Prevenar 2 (if first dose at < 18 months age), and HB Vax II paed 2.
1 month later - Infanrix IPV 3.
1 month later - HB Vax II paed 3. (2 month interval required between Dose 2 and 3)
Varilrix - at 18 mths, or asap in catch-up schedule if > 18 mths and born after 1 May 2004

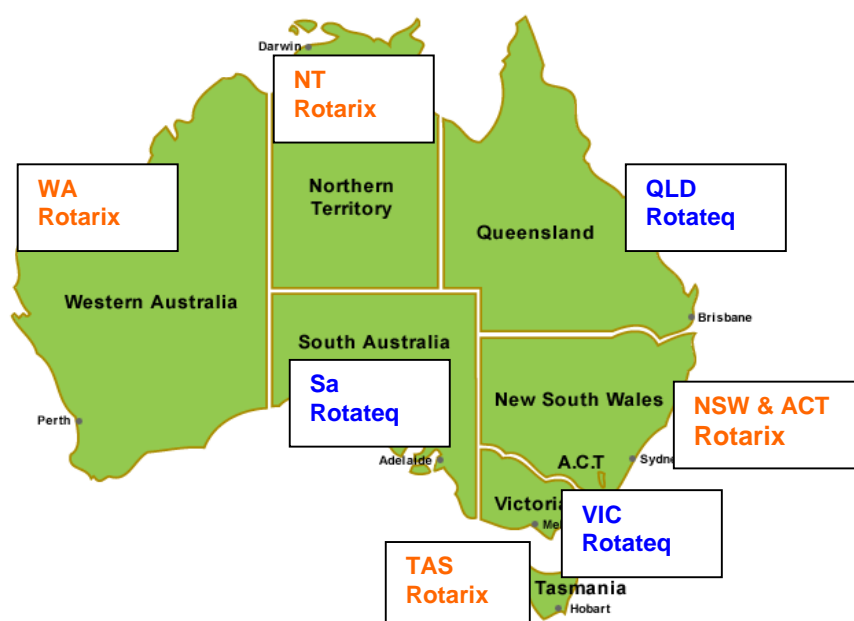
- ❖ Remember: both Infanrix hexa and Hiberix must be reconstituted before use!

Of Note: Due to the unavailability of Comvax vaccine for the remainder of 2008, all States except NT are using Infanrix hexa. NT uses Infanrix penta and Pedvax Hib.

Remember: If you are immunising a child who has moved from another State, please check what vaccines he/she has already received, *looking not only at the vaccine, but at the antigens in that vaccine.*

Do not automatically follow your usual schedule without first checking if an additional vaccine may also be due. We are still getting children missing Hep B or Hib vaccines when crossing the Border. This would not happen if you checked their vaccine antigen history first.

ROTAVIRUS VACCINES – who's using what?



Rotavirus Vaccination Course Completion in NSW (when previous doses provided *outside* NSW)

Previous documented doses	Current age of child	Schedule
1 dose RotaTeq	< 24 weeks	Give 2 doses of Rotarix as long as the upper age limit of 24 weeks and the inter-vaccine interval of 4 weeks can be achieved.
1 dose RotaTeq	>24 weeks and < 32 weeks	Give 2 doses of RotaTeq as long as the upper age limit of 32 weeks and the inter-vaccine interval of 4 weeks can be achieved.
2 doses RotaTeq	> 24 weeks and < 32 weeks	Give 1 dose of RotaTeq as long as the upper age limit of 32 weeks can be achieved.

Completion of a course of rotavirus vaccine should be with vaccine from the same manufacturer wherever possible. However, if either dose 1 or dose 2 of vaccine is given as RotaTeq, a third dose of either rotavirus vaccine should be given, provided that the upper age limit and inter vaccine interval is maintained as detailed in the table below. RotaTeq can be ordered by contacting the local Public Health Unit.

HPV UPDATE

- ❖ Gardasil vaccine is free for all females aged 12 – 26 years, until June 2009. (Course must commence before 27th birthday)
- ❖ GPs may provide free vaccine to women aged 18 – 26 years, and to school aged girls (12 – 18 years who miss the vaccination in the school based program)
- ❖ Make every effort to complete the three dose schedule within a 12 month period
- ❖ If a dose is inadvertently given at less than the minimum interval, it is considered an invalid dose and will need to be repeated, allowing the correct interval between the previous *valid* dose, and the repeated dose. Example: Dose 3 inadvertently given 6 weeks after Dose 2 – Dose 3 considered invalid. Repeat Dose 3 in 10 weeks time, to total a 16 week (4 mth) recommended interval between Dose 2 and 3.

Gardasil recommended intervals		Gardasil minimum intervals	
Dose 1	initial dose	Dose 1	initial dose
Dose 2	two months after initial dose	Dose 2	one month after initial dose
Dose 3	four months after dose two	Dose 3	three months after dose two
<i>All 3 doses completed within 6 -12 months</i>		<i>All 3 doses completed in minimum 4 months</i>	

HEALTHY KIDS CHECK

As part of its health policy election commitments, the government announced the introduction of a *Healthy Kids Check* for all children starting school. This is a basic health check for all Australian children to be delivered in conjunction with the 4 year old immunisations. It will include height, weight, hearing and eyesight. A Medicare rebate will be payable for this health check, which can be provided by a GP or a practice nurse on behalf of the GP.



Stay tuned!

NB: If the language you require is not included, you can call the **Telephone Interpretation Service (TIS) on 13 14 50** and ask to be connected to the **National Immunisation Hotline 1800 671 811**

LANGUAGE DIFFICULTIES?

If you know you have a patient who was not born in Australia and may benefit from some information on immunisation in their own language, please consider using the DoHA or State Health websites, which provide translated information that may be very useful.

For instance: on the DoHA website www.immunise.health.gov.au The HPV fact sheet “For Parents of Girls in School” is available in Arabic, Chinese, Croatian, Farsi, Korean, Serbian, Turkish, and Vietnamese.

Do you have patients who speak Arabic, Bosnian, Chinese, Greek, Indonesian, Italian, Khmer/Cambodian, Macedonian, Serbian, Sinhalese Somali, Turkish, and Vietnamese?

The DHS immunisation website has been updated with translated fact sheets including the new fact sheet for Infanrix hexa vaccine and the common reactions sheet at:

<http://www.health.vic.gov.au/immunisation/language>

MEDICAL RISK FACTORS

Do you have children in your practice with medical risk factors that may mean they need extra vaccines in their schedule?

Immunisation Medical Risk Factor stickers to place on the baby book can be ordered from the DHS website <http://www.health.vic.gov.au/immunisation/resources>. These stickers prompt you to carefully check if additional vaccines are needed. These can include influenza, pneumococcal (extra doses), hepatitis B (extra doses), Hib (extra doses).

Some medical risk factors include: premature infants (born <32 weeks), low birth weight infants (<2000 gm), severe or chronic conditions e.g. cardiac disease, chronic lung disease, cystic fibrosis, insulin dependent diabetes, Down’s syndrome.

BREAKTHROUGH VARICELLA

Research conducted in the USA has shown that people can still get varicella despite being vaccinated. However, varicella in a vaccinated child was a significantly milder disease.

Also of note was the fact that milder disease was seen in the 1 – 7 year old cohort than the 8 – 14 year old cohort, irrespective of vaccination status.

Vaccinated patients were less likely to report fever, duration of illness was half as long, and the rash was more likely to be maculopapular rather than vesicular. Rates of complications were significantly lower.

Information from the NCIRS Journal Club.

AUTUMN FOCUS – INFLUENZA

Fact: Over 2,500 Australians die each year from complications caused by influenza.

Fact: Over 15,000 hospitalisations occur in Australia each year as a result of influenza

Fact: Over 80,000 GP visits occur in Australia each year are due to influenza

Fact: Only 20-50 per cent of health care workers, who are at an increased risk of both getting and spreading influenza are being vaccinated.



Health Care Workers

Despite studies demonstrating that annual influenza vaccination of Health Care Workers (HCWs) is associated with a reduction in morbidity and mortality among the patients they care for, vaccination rates amongst HCWs are often very poor.

Rates are particularly low in nursing staff, the HCWs often in closest contact with patients. Are your nurses vaccinated against influenza?

This can pose a serious health threat to the vulnerable patient populations in HCWs care, and is a controversial issue in relation to “duty of care”.

HCWs are at risk of occupational exposure to (and subsequent illness from) influenza because of their contact with patients who may carry the virus. As a result, HCWs themselves may transmit influenza to vulnerable patients.

The risk is compounded by the tendency of HCWs to continue to work despite being ill with influenza themselves.

The virus can be transmitted to patients by both symptomatic and asymptomatic HCWs. The virus can be shed for at least 1 day prior to symptomatic illness. More startling is evidence to show that only 50% of people show classic symptoms of the illness yet can shed the virus for 5 – 10 days.

How many patients do your reception staff check in over a 10 day period? Are all your reception staff vaccinated against influenza?

The most efficient means of preventing influenza is annual vaccination. The vaccine provides 70 – 90% protection against influenza infection in healthy people under 65 years of age. It is less effective amongst the older population and those with chronic illness.

These more vulnerable people need the additional protection provided by “ring vaccination” which refers to the immunisation of those who care for and live with them.

How would you feel if you went to your Dr's surgery for a routine check-up, child's immunisation, blood test results, script pick-up.... and came away with a severe bout of influenza transmitted by the receptionist/nurse/Dr....?

Vaccine Safety – Despite the myths that abound like “I had the flu vaccine once and it gave me the flu!”, the influenza vaccine is very safe. **It is made of an inactivated virus incapable of replicating inside the human body, and thus incapable of causing an infection.** The only common adverse effect is injection site soreness for 1 – 2 days. Systemic effects are no more common than with placebos. Severe reactions are very rare.

Who should avoid influenza vaccinations? - Anyone with a high fever or an allergy to either the antibiotic Gentamicin or eggs should not be vaccinated.

Mc Lennan S et.al (2008) *Health Care workers & Flu Vaccination*. American Journal of Infection Control, 36, 1-4.

- ❖ *What is the cost to your practice if a staff member (Dr, nurse, receptionist) is away for 5 – 10 days with influenza?*
- ❖ *What is the risk to your patients if a staff member with influenza continues to work?*
- ❖ *Do you provide free influenza vaccination to your practice staff (Drs, nurses, reception staff)?*

Protect yourself and those in your care - get immunised now!

HOORAY! – THEY'RE FINALLY HERE!

9TH EDITION AUSTRALIAN IMMUNISATION HANDBOOK

And new MYTHS and REALITIES

All immunisation providers should have received a copy of the 9th edition immunisation handbook and the new version of Myths and Realities by the end of April.

All providers should have these new immunisation resources, and discard all old copies, to ensure you are following the current guidelines and schedules, and have the latest information.

9th Edition Immunisation Handbook – What's New?

- ❖ New layout – easier to find specific information about vaccines
- ❖ 3 new chapters – human Papillomavirus (HPV), rotavirus and zoster
- ❖ Changed recommendations and procedures for vaccine administration
- ❖ Updated cold chain guidelines
- ❖ Vaccination for special risk groups – substantial revision (this includes ATSI, international travellers, pregnant & breastfeeding women, preterm infants, impaired immunity, occupational groups)
- ❖ Pre-vaccination checklist
- ❖ Catch-up worksheet
- ❖ Summary of procedures for a vaccination encounter
- ❖ Updated influenza chapter (further updated since the pre-release in August 2007)

Myths and Realities – responding to arguments against immunisation

- ❖ Manufacture and testing
- ❖ Immune system
- ❖ Need for vaccination
- ❖ General safety concerns
- ❖ Specific safety concerns
- ❖ Realities: Diseases preventable by vaccines
- ❖ Realities: vaccine composition

An electronic version of the handbook can be found at www.immunise.health.gov.au

Additional copies of the handbook and Myths and Realities can be ordered from handbook@health.gov.au

Please contact me if you have any questions or concerns regarding either of these publications.

Some interesting immunisation issues occurring 'round the world:

Influenza Outbreak Shuts Schools

In an effort to prevent the spread of an influenza outbreak, the Hong Kong government closed all kindergartens and primary schools for two weeks.

Jail For Belgians Who Reject Polio Shot

Authorities in Belgium are levying prison terms and fines on parents who do not get their children vaccinated against polio, the only vaccine required by law in the country. Prison terms of five months and fines of \$8,000 were levied against two sets of parents who did not comply with the vaccination law, but authorities note the sentences will be dropped if the children are vaccinated before a specific date. Exceptions to the vaccination law are allowed only if parents can prove that a severe physical reaction might occur. Polio vaccinations are required by law in France as well.

NOTES