

Albury Wodonga Regional GP Network

www.bordergp.org.au

IMMUNISATION NEWSLETTER – DECEMBER 2008

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

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INFLUENZA VACCINE ORDERS 2009 – (Information for VICTORIAN CLINICS ONLY)



All VIC practices should have been advised by letter from DHS that the system for ordering influenza vaccine has changed for 2009. All VIC practices will receive an initial order of flu and pneumo vaccine in the last week of February which will be based on your previous orders. No order will need to be placed for this initial delivery. Following this, practices will be able to order additional vaccine as required (from 1 March onwards).

This will ensure all practices will have a supply of vaccine by 1 March start of the flu vaccine program

IMMUNISATION RATES

The immunisation rates for our network's practices in November were all above 90%, except for one. Small practices with small numbers of children can find their rates slide from 100% to below 90% just with a few kids being overdue, as each child accounts for a greater percentage.

Congratulations to Holbrook Clinic which had the highest rate in the network in September 98.7%.

Also to Melrose Clinic which had the highest rate in November – 100%!

Congratulations also to Jindera Clinic who achieved the massive task of improving their rate last quarter by almost 8%.

Also a big thank you to practices who have worked to improve the recalculation statistics (both for themselves and the network).



The network's immunisation rate for the November quarter was 93.8%

Please continue to use your GPII 20A report to follow up overdue kids promptly, and get them immunised.

The recalculation for the August quarter (stats also released early November) was 94.3%.

That means that immunisation data for that quarter that had not yet been sent to ACIR, has now been sent in, and/or incorrect data has been corrected, and /or overdue kids have been followed up and immunised.

Hard to reach kids:

Have you tried to phone? Sent letters that are returned? Know they've moved but don't know where?

Albury and Wodonga councils may be able to help.

Please provide me with names and details of kids you can't reach; a copy of the 36A or 20A report with your attempted actions noted on it would be great.

REGIONAL IMMUNISATION NETWORK

Our newly formed "Regional Immunisation Network" is enthusiastic about trying to lift the immunisation rates in our area and is committed to working together.



Our motto -

"Working together we can get the job done!"

Network members include AWRGPN, ACC, WCC, and GSAHS.

Since our last meeting (early November), I have focused on spreading the word about the free HPV vaccine and the end of funding in June 2009. I have produced promotional posters that have gone up in female bathrooms at LaTrobe and CSU.

ACC has focused on promoting 4 year old immunisation, delivering posters to all child care centres and pre-schools. The posters mention immunisations can be given either at the council or GP.

WCC is using the Border Mail to promote childhood immunisation as part of a health campaign.

GSAHS will look at ways to improve the immunisation rate amongst the ATSI population.

CHANGES TO ACIR DUE AND OVERDUE RULES, and the MIA - **IMPORTANT INFORMATION!**

From January 1 2009 there will be changes to the due and overdue rules for vaccinations for **4 year old children**.

Currently the Due and Overdue Rules state that a child is due for their four year old vaccinations at 4 years of age and overdue when they turn 5yrs of age.

However, from 1 January 2009 for all children born from 1 January 2005 onwards the overdue rule will change to state that; **“these children are due for their 4yr old vaccinations at 4 years of age and overdue at 4 years and 1 month of age”**.



The following information has been provided by Medicare Australia:

- As part of the 2008-09 Budget process, the Government announced a measure to split the payment of the Maternity Immunisation Allowance (MIA) into two payments.
- From 1 January 2009 the Maternity Immunisation Allowance (MIA) will generally be paid in two payments, each equal to half the full current MIA rate. Under current arrangements a person can be eligible for the MIA if their child meets the immunisation requirements on or after they turn 18 months of age and before the child turns 2 years of age.
- To claim the MIA payments, the claimants must meet the immunisation eligibility requirement and lodge their claim on or before the child's second birthday to receive the first split MIA payment. To receive the second split MIA payment or the full MIA payment where the first split payment has not already been received they must lodge their claim with the Family Assistance Office (at a Centrelink or Medicare office) before the child's fifth birthday.
- The objective of the split payment measure is to bring MIA more in line with the National Immunisation Program (NIP), and to provide incentive for parents to ensure their children are immunised before they start school.
- To meet the requirements of this new measure the Australian Childhood Immunisation Register (ACIR) will be making a change to the National Due and Overdue Rules for Childhood Immunisation, as per those outlined above, in relation to the recommended antigens for children at four year of age.

Most children will be registered with the Family Assistance Office soon after birth to enable parents to receive the “baby bonus”. Parents whose children have been registered will automatically receive the MIA if their baby child has been immunised on time. It is my understanding at this point, that children who have not received the 4 year old immunisations (or have an approved exemption) by 4 years 3months of age, will not be eligible for the second part of the MIA. (ie they were not immunised on time)

Practices need to start taking action NOW – sending out reminders and recalls to children who will be turning 4 years from 1 January 09, and 4 year olds who are already overdue.

Be pro-active! Don't let your rates drop below 90% and lose your outcomes payment.

NO MORE SIP! (BUT DON'T LET YOUR RATES DIP!)

Sadly the SIP (Service Incentive Payment) for each complete immunisation encounter you provide to ACIR ceased on 1st October. This means no more \$18.50 payments. You will still receive the \$6 notification payment, and provided your practice rate is over 90% - your outcomes payment.

Please continue to be vigilant in reporting and following up overdue kids.

Accurate records benefits providers and families, and timely immunisation is just as important for children now as it was before the SIP was removed.



PANDEMIC INFLUENZA PLANNING TOOLKIT FOR GPS



The RACGP has launched a new Pandemic Influenza Planning Toolkit for General Practice that will be distributed to every general practice in Australia. CPD points are attached.

It's believed that with appropriate planning for early interventions, it might be possible to limit the impact of an influenza outbreak, and therefore the outbreak accelerating to a pandemic.

The kit consists of a CD with educational modules, and 5 practice posters.

A copy of the guide and all resources are available at <http://www.racgp.org.au/pandemicresources>



ONLINE EDUCATION – BOOST YOUR IMMUNISATION SKILLS – 3 new Online courses available

Course 1.

This was developed by GPNSW and ACT DGP in conjunction with Genesis Ed.

It was launched at the Divisions Immunisation Network Dinner on the Gold Coast and was live from 24th September 2008.

This is an outstanding learning package endorsed by key stakeholders in Immunisation across Australia and offering education points to both nurses and GPs. The 6 module package which can be done as an ALM or as individual learning modules is freely accessible online for ALL health professionals. It's interactive, and has commentary from experts in the field as well as case studies, interactive Q&A's and a wealth of downloadable resources and web links.

This does not replace the Immunisation Certification Course currently offered by the College of Nursing, but rather compliments ongoing professional development.

The education will be available until the end of the RACGP Triennium in 2010.

To access visit; www.thinkgpp.com.au and look for the "Immunisation Saves Lives" heading and/or individual modules.

Course 2.

The Royal Australian College of General Practitioners (RACGP), with the Australian Practice Nurses Association (APNA) and the Department of Health and Ageing (DoHA), has launched six new online learning activities aimed at boosting the immunisation knowledge of practice nurses and other members of practice teams.

The free activities are available through RACGP's online education portal www.gplearning.com.au. The new education modules, which are consistent with the latest National Health and Medical research Council immunisation guidelines, provide an interactive and practical approach to managing immunisation in general practice.

The new learning activities are funded by the DoHA as part of the Continuing Professional Development Project administered by APNA.

All activities refer to The [Australian Immunisation Handbook 9th Edition 2008](#), which provides guidance on vaccination practice, as recommended by the National Health and Medical Research Council (NHMRC).

Course 3.

The online **Immunisation Activities for Australian Practice Nurses** course is now updated and is available again. The course has been updated to reflect changes in the latest release of the immunisation handbook, and is open to all practice nurses and health professionals free of charge. You can register for free access to the course on the APNA website www.apna.asn.au

HPV REGISTER – **IMPORTANT INFORMATION!**

There has been some concern regarding which provider to record when providing information to the HPV register.

The HPV Register requires the GP provider number in order to make payment, hence even if the nurse administers the vaccine the provider number of the patient's usual GP must be provided with the dosage information sent to the register in order for payment to be made.

HOWEVER, those practices using Medicare Online and other forms of electronic Medicare Item claiming should be aware that if they are claiming the 10993 (Immunisation provided by a practice nurse) then their practice records need to reflect this and hence the provider should not be changed to the GP in their electronic records as this would create a false record of who provided the vaccine.

Therefore, it's important that providers amend only the PAPER BASED record sent to the HPV Register which should reflect the GP provider number and the practice records should remain accurate as to who administered the vaccination.

HPV Register website: <http://www.hpvregister.org.au> and Health Professionals Hotline **1800 478 734**.



HPV FUNDED VACCINATION PROGRAM – **IMPORTANT INFORMATION!**

We have now been advised that although the funded HPV program is ending on 30 June 2009, eligible women who have **commenced the course by that date** but not yet received all 3 doses, **will now be eligible to complete the course for free, by 31st December 2009**.

Eligible women include 12-13 year olds (Year 7) – 18 year old girls who did not complete their course at school, and women aged 18 – 26 years (course commenced prior to 27th birthday)

Year 7 girls will continue to receive HPV vaccine as part of the school vaccination program.

VARICELLA VACCINATION – don't forget it's part of the National Immunisation Schedule

While the varicella status of children in your practice does not affect your practice's immunisation rates, it is nevertheless part of the National Immunisation Program, and should be treated with the same degree of importance as all other vaccines on the schedule.

Varicella consistently shows up as the most common overdue vaccine on our 36A reports.

Please remind parents when they are having their child vaccinated at 12 months of age, that varicella is due at 18 months. Parents may need an explanation that varicella is not just a harmless childhood disease, but has a risk of encephalitis and occasionally even death. Prior to the introduction of a varicella vaccination program in Australia, there were approximately 240 000 cases, 1500 hospitalisations and 7 - 8 deaths from varicella each year. Varicella Infection during pregnancy can result in congenital malformations in the baby.

Please be proactive about contacting the parents of children who are overdue for varicella vaccination. Infants who have already had varicella can still be vaccinated. Children who are infected with varicella before 18 months of age are at a higher risk of developing zoster (shingles) infection later in life.

The risk of developing Herpes Zoster (HZ) following varicella vaccination is considered to be lower than after natural varicella virus infection, and reported cases have been mild.

Two new combined varicella, measles, mumps, rubella (MMRV) vaccines have been registered for use in children under 12 years of age in Australia (Priorix-Tetra® and ProQuad®), however they are currently not available. Recommendations regarding inclusion of MMRV on the NIP have been made, and a government decision is pending.

HERPES ZOSTER VACCINE NOW AVAILABLE

Zoster vaccine (Zostavax®) is now registered for use in Australia (for those over 50 years of age), and is available on private script. Herpes Zoster was one of the hot topics at the recent National Immunisation Conference. The zoster vaccine has a virus titre approximately 14 times higher than varicella vaccine. The Shingles Prevention study (over 38 000 health adults aged over 60 years) showed that the vaccine was generally well tolerated and safe.

It reduced the incidence of HZ by over 50%, PHN by 66.5%, and the burden of illness associated with HZ pain by over 61%. It is most effective in the “young old”. Expect to hear more about this new vaccine in the near future.

Recommendations have been made to have Zoster vaccine included on the NIP for adults aged 60 – 79 years of age - government decision pending.

Zoster and varicella vaccines are not recommended for immunocompromised people, or pregnant women.

For more information, see the NCIRS Fact sheets http://www.ncirs.usyd.edu.au/facts/f-fact_sheets.html

- ❖ More than 97% of the population are infected with VZV (the Varicella Zoster virus)
- ❖ Cell mediated immunity declines with age
- ❖ The lifetime risk of developing HZ is thought to be about 20 – 30%
- ❖ HZ affects half of those who live to 85 years of age
- ❖ 13 – 26% of people with HZ will develop complications
- ❖ 25 – 50% of people over 50 years of age with HZ will develop complications

VARICELLA (CHICKEN POX) AND ZOSTER (SHINGLES) - MUST BE NOTIFIED!

Varicella and Herpes Zoster have now become Group B notifiable infectious diseases.

This means that all medical practitioners and laboratories will be required to report all cases to:

DHS (VIC) – Ph 1300 651 160; website www.health.vic.gov.au/ideas or

PHU Albury (NSW) – Ph 02 6080 8900

This is extremely important to enable the assessment of the medium to long term impact of the vaccine program on both diseases.

SAEFVIC – REPORTING ADVERSE EVENTS FOLLOWING IMMUNISATION (AEFI)

Please note that the phone number listed in the 9th edition immunisation handbook on page 66 (Table 1.5.3) is **INCORRECT**. Please amend your handbooks.

The correct phone number is 1300 882 924. The phone is manned from 10am – 3:30pm. After that time you can leave a message on the answering machine and a SAEVIC nurse will return your call.

You can also fax or post information.

Fax: 03 9345 4163

Post: SAEVIC, Murdoch Children’s Research Institute

c/o Royal Children’s Hospital

Flemington Rd

Parkville VIC 3052

FOUR YEAR OLD HEALTH CHECK (Items 709 and 711)

To clarify the age of a child for whom you are able to deliver and claim a 4 year old health check:

The Healthy Kids Check has been introduced for all four year old children who are permanently resident in Australia or who are covered by a Reciprocal Health Care Agreement. It is to be delivered in conjunction with the four year old immunisation. In some States and Territories, the four year old immunisation is provided at 3 1/2 years. Children receiving this earlier immunisation will be eligible for the Healthy Kids Check if they are over the age of three years and six months and under the age of five years.



Therefore, a Healthy Kids Check claim can be made for kids 3.5 to 5 years, not up to the age of 6.

This information has come from GP Financing and Health Checks, Medicare Benefits Branch (via AGPN) so can be taken as the definitive wording at the moment.

MORE ON THE FOUR YEAR OLD HEALTH CHECK

Healthy Kids Check is a screening check and does not replace the comprehensive developmental assessment which is usually part of the maternal and child health program

GPV has been working on the best means of providing training for practice nurses, and Ausmed have agreed to develop & run a one day training program for practice nurses on the 4 year old health check.

Please ensure you notify Jacki at the AWRGPN asap to secure a place for training.

Key competencies required for a practice nurse to perform the Healthy Kids Check

- Has a basic understanding of the age milestones of a four year old
- Takes a patients history - collects required information
- Undertakes mandatory assessment- height, weight, BMI (plots and interprets growth/calculated BMI), eyesight, hearing, oral health (teeth and gums, toileting, allergies and 4 year old Immunisation status.
- Undertakes non mandatory screening (if required) Appetite/eating habits, physical activity levels, speech and language development, behaviour and mood
- Discusses the result of health check and recommends future action with parent, provide health advise – give out the (Go Set 4 Life –habits for healthy kids publication)
- Makes appropriate referral for review where issues identified in patient management and understanding.
- Keeps on patients file a record of the health check (mandatory)



ALERT - PERTUSSIS OUTBREAK IN NSW

There have been over 5000 cases of whooping cough (Pertussis) notified in NSW this year.

Please remember that:

- ❖ Pertussis in adults and older children may present as a persistent cough
 - ❖ Vaccination does not offer life-long protection
 - ❖ Pertussis is infectious for up to 3 weeks after onset of cough
 - ❖ Anyone diagnosed with pertussis should stay away from work and infants for 3 weeks or until 5 days of appropriate antibiotic treatment.
-

RESOURCES REGARDING VACCINES AND AUTISM

Unfortunately, despite much evidence disproving the theories, the myths abound regarding autism and MMR vaccine, and autism and thiomersal.

Many chiropractors are anti-immunisation and provide pamphlets, etc. to their clients that discourage immunisation and support the myths about vaccines and autism.

If you have parents with immunisation concerns, or parents who simply refuse to immunise, try to engage them in discussion about their concerns. They may have been negatively influenced by the anti-immunisation information that abounds.

If you type "immunisation" in Google – the first page will bring up reputable sites. But if you type in "vaccination" the second and majority of sites on the first page are anti-immunisation.

"The Australian Vaccination Network" – is in fact an anti vaccination group that sounds very professional, well-informed and compelling. However despite criticism of pharmaceutical companies for being biased, they only present negative information, including incorrect information and skewed data. Any parent who previously had only basic knowledge about immunisation would certainly be concerned after reading the information on their website.

Be prepared: have *evidence based* information available to help them make an informed choice.

I can email a list of websites with evidence based reports that clarify the truth behind many of the immunisation myths and theories. Please let me know if you would like the list.

PURPOSE BUILT VACCINES FRIDGES

There is currently quite a bit of discussion amongst division immunisation co-ordinators regarding problems/efficacy of some brands of purpose built vaccines fridges. Quirks Medisafe is one that has caused some grief for some practices elsewhere.

So far we have had no major problems with any Quirk's fridges in our network, although a few had some initial set-up "quirks" that needed correcting.

I have generally found after logging these fridges that they read slightly warmer than the logger shows the temperature to be. We have not had any temperatures that are outside the required 2 – 8 degrees.

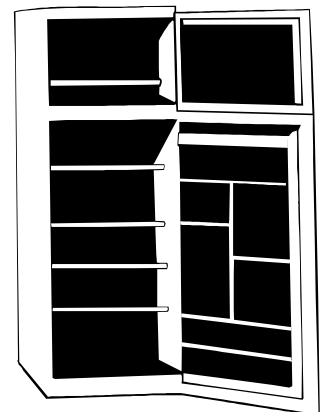
If you have any doubts about the performance of your fridge, please let me know and I can data log it for you.

Did you know that Quirks has a battery to operate the temperature display? I'm not sure about the other brands, but please check your fridge instruction manual, and ensure that batteries are replaced as recommended.

To replace the batteries in the Quirks requires removing all the screws (6-8) from the top panel of the fridge, and removing the back cover of the thermometer. The older Quirks model has two screws at the front that will release the thermometer, so that you can get to the back cover. Weak batteries will give unusual thermometer readings.

For those of you with Quirks fridges – apparently there is a reset button that is so high many can't even see it!

For every vaccine fridge (purpose built or domestic) - to accurately record daily min/max/current temperatures, the reset button on your temperature display should be pressed every time you record your temperatures.



TRAVEL MEDICINE

The combined Hep A/Typhoid vaccine Vivaxim is not registered for use in children younger than 16 years of age.

The Hep A and Typhoid vaccine components of Vivaxim are available as separate vaccines for both adults and children under 16 years of age, but no studies have been done on the safety and efficacy of the *combined vaccine* in children under 16 years of age.

Giving ½ a dose of Vivaxim to a child is NOT appropriate – the child will not be adequately protected.

Separate vaccines for Hep A and Typhoid have been trialled and registered for use on children over 2 years of age.

Available Hep A and Typhoid vaccines:

Hep A Vaccines –	Avaxim (2 years +)	2 doses 6 – 12 months apart
	Havrix Junior (2 – 16 years)	2 doses 6 – 12 months apart
	Havrix (16 years +)	2 doses 6 – 12 months apart
	VAQTA paed (1 – 18 years)	2 doses 6 – 18 months apart
	VAQTA adult (18 years +)	2 doses 6 – 18 months apart
Typhoid Vaccines -	Vivotif Oral (6 years +)	3 oral doses, each 2 days apart
	Typherix (2 years +)	1 IM dose (0.5ml adults & children)
	Typhim Vi (2 years +)	1 IM dose (0.5 ml adults and children)
Combined Hep A / Hep B -	Twinrix Junior (1 - 16 years)	3 doses 1 month, then 5 months apart
	Twinrix (1 - 16 years)	3 doses 6 months, then 12 months apart (schedule not suited for prompt protection)
	Twinrix (16 years +)	3 doses 1 month, then 5 months apart (normal schedule)
	Twinrix (16 years +)	3 doses 1 week, then 2 weeks apart plus booster 12 months later (accelerated sched.)

NB The second dose of Hep A can be given any time after the 6 months interval. The course does not have to be restarted even if a few years have elapsed between dose 1 and dose 2.

If you are uncertain about any vaccines required for travel, please consult a travel medicine specialist.

ALERT – RABIES IN BALI!

Please discuss the risk and recommendations with any patients you know are travelling to Bali.

The Indonesian Government has formally announced that Rabies is present in Bali (previously thought to be Rabies free). Two dogs have so far been diagnosed with the disease. There is currently no indication that the disease has spread to animals other than dogs.

This clearly presents a new risk to those travelling to Bali. Travellers should avoid contact with both wild and domestic animals including dogs, cats and monkeys, even if the animal appears well.

Anyone who is bitten or scratched by an animal in a rabies-affected area, including Bali should immediately wash the wound well with soap and water, apply an antiseptic such as povidone iodine to the wound and see a doctor as soon as possible.

A course of injections is sometimes needed to prevent rabies infection developing after a bite or scratch.

NSW Health advises that anyone who has been bitten or scratched by any animal in Bali since 1 August 2008 should see their general practitioner for advice. People bitten or scratched by an animal before this time are not thought to be at risk of rabies.

Rabies is transmitted when viruses in a rabid animal's saliva get into nerve cells through a wound – usually following a bite or a scratch. While many rabid animals will be sick and may go on to die, some appear well.

Symptoms in humans may include headache, fever, feeling unwell, sensory changes around site of bite or scratch, excitability, an aversion to fresh air and water, weakness, delirium, convulsions, and coma.

If rabies infection has occurred, symptoms in humans normally begin within several weeks but sometimes the symptoms begin years after infection. Death usually follows several days after the onset of symptoms.

There is no treatment for rabies once the symptoms have started however treatment of infected people before they develop symptoms can be effective.

The Governor of Bali has temporarily banned the import or export of dogs, cats, monkeys and other animals declaring the island under official quarantine until further notice. Officials are also endeavouring to create a perimeter of vaccinated animals in the areas immediately surrounding those areas in which rabies has been confirmed, aiming to isolate and eventually eliminate the disease.

VICTORIAN CHILD HEALTH RECORD BOOK

Immunisation over-stickers for the Child Health Record book, that reflect the current Victorian immunisation schedule are available and can be ordered on line by emailing the immunisation department at immunisation@dhs.vic.gov.au.

When ordering these stickers please quote the following product code **IMMUN0001**. You must order a minimum of ten and no more than 20 per order. Please provide a phone number and **mailing address**; without this information DHS will not be able to send out the stickers. These reflect the changes that took place in March this year, and enable parents to see exactly what vaccines their child should be given.

These stickers are to be stuck over the first page of the existing immunisation record in the Child Health Record book when a baby presents for the first time. **Please do not place this sticker over any existing documented immunisation history.**

NSW and VICTORIA SCHOOL PROGRAMS FOR 2009

Year 7 students – Hep B, Varicella, HPV (girls only)

Year 10 students – Boostrix (dTpa)

RESOURCES FOR IMMUNISATION OF REFUGEES

Sources for those with refugee populations needing immunisation:

(1) Desktop guide and handbook to assist GPs in caring for refugee patients – provides useful information to reception staff on how to identify humanitarian refugees who make appointments with general practitioners. Initial identification of newly arrived refugee patients by reception staff is essential for effective service provision.

www.foundationhouse.org.au/resources/publications_and_resources.htm

(2) Refugee health assessment template (including immunisation checks)

www.gpv.org.au/resources.asp?cat=17

(3) Free refugee program vaccine order form

www.health.vic.gov.au/data/assets/word_doc/0006/165606/RefugeeVaccineOrderForm0908.doc

(4) Immunisation fact sheets in community languages (now include Karen)

www.health.vic.gov.au/immunisation/language

ROTAVIRUS VACCINE CUT-OFF DATES

Practices are reminded to consider the Rotavirus vaccine cut-off dates when making bookings for babies to be immunised.

This may mean additional education of reception staff, to ensure that they understand the importance of a baby's immunisation appointment NOT being delayed beyond the cut-off dates for Rotavirus vaccine.

Rotarix (NSW)

- 1st dose MUST be given between 6-14 weeks
- 2nd dose MUST be given between 10-24 weeks

Rotateq (VIC)

- 1st dose must be given between 6 -12 weeks
- 2nd dose must be given between 10 – 28 weeks*
- 3rd dose must be given between 14-32 weeks

Minimum interval between doses is 4 weeks for both Rotarix and Rotateq.

* 2nd dose of Rotateq can be given up to 32 weeks of age. However a 3rd dose will not be able to be given if Dose 2 is given after the 28th week.

NCIRS FACT SHEETS

The NCIRS website is a terrific source of information on diseases and vaccines.

Recent additions to the website are fact sheets on Vaccine Components, Zoster vaccine, Influenza, Influenza vaccines, and updated HPV vaccines fact sheets.

These fact sheets are easy to understand and are suitable to hand out to patients.

Save the site below to your favourites!

http://www.ncirs.usyd.edu.au/facts/f-fact_sheets.html



WISHING EVERYONE A MERRY CHRISTMAS

AND SAFE, HAPPY AND HEALTHY 2009

Please note: I will be on leave from 18th December until 27th January.

Cheers Kerry