

# Sharp and to the Point

Quarterly newsletter produced by the Immunisation Section, SA Health

## What's in this issue?

Welcome to the new look **Sharp and to the Point** incorporating the new SA Health branding. Features in this issue include new resources update, Human Papillomavirus (HPV) Register, Adverse Events Reporting and the review of an article on *Immunisation and Mass Psychogenic Illness*.

This newsletter is produced quarterly by the Immunisation Section. If you have any queries about information in this newsletter or have comments on what you would like to see in future editions please contact Sara Almond on telephone (08) 8226 7177, fax (08) 8226 7197 or e-mail [Sara.Almond@health.sa.gov.au](mailto:Sara.Almond@health.sa.gov.au)

### Misuse of Comvax and Infanrix/IPV by providers may lead to 4 separate injections at 12 months

Infants presenting for their 2, 4 and 6 month vaccines should receive Infanrix hexa in accordance with the March 2008 SA Vaccine Schedule.

Australian Childhood Immunisation Register (ACIR) records show that providers are still delivering and/or recording Infanrix/IPV and Comvax to this age group. If this practice continues, stock of Comvax will be depleted prematurely.

- **Infanrix hexa** should be given to **2, 4 and 6 month olds**.
- **Infanrix/IPV** should only be given to **4 year olds**.
- **Comvax** should only be given to **12 month olds**.

Depletion of Comvax stock has repercussions for children presenting for their 12 month vaccines of MMR, Men C and Comvax. If Comvax is unavailable separate Hepatitis B and Hib vaccines will need to be purchased and delivered separately resulting in 4 injections.

**Please bring this information to the attention of all staff who deliver childhood vaccines.**

### National HPV Register Update

The development of the National HPV Register by the Victorian Cytology Service (VCS) is progressing rapidly.

Since the commencement of the National HPV Vaccination Program for General Practice in July 2007, in excess of 100,000 HPV Register consent forms have been returned to the Immunisation Section. These forms have now been forwarded to VCS to be entered onto the National HPV Register. Please continue to forward HPV consent forms to the Immunisation Section until further notice.

### New vaccine to protect against shingles in those aged 60+ years

The Pharmaceutical Benefits Advisory Committee (PBAC) has recommended the listing of the new Zoster Virus Vaccine onto the National Immunisation Program (NIP) for the vaccination of immunocompetent persons aged 60+ years. If the vaccine is included onto the NIP a catch-up program for those aged over 60 will be implemented on the basis of acceptable cost-effectiveness ratios compared to standard medical management. Further information about this vaccine will be available in due course.



# Innovation and Best Practice in Immunisation

## Congratulations to Terri Graham, Mawson Lakes Medical Centre

Terri was nominated by Patricia Berryman for her dedication in obtaining immunisation histories on the many overseas children that visit the Medical Centre and in ensuring that all the data was entered onto the ACIR.

As a result families were offered any additional immunisations to ensure they were up to date against the National Immunisation Program. This dedication has improved the GPII immunisation coverage rate for this practice.



Terri Graham, Practice Nurse (left) with Dr Leslie Mpala (right) at the Mawson Lakes Medical Centre

In recognition of all her hard work, the Immunisation Section has presented Terri with a David Jones Hamper.

*“Congratulations Terri and keep up the great work!”*

Each quarter the Immunisation Section will send a 'David Jones' quality produce pack to the provider who fits the values of innovation and best practice in immunisation. Please send nominations to your Local Immunisation Coordinator or Sara Almond at Immunisation Section - 82267177 or email on Sara.Almond@health.sa.gov.au

# Immunisation and Mass Psychogenic Illness

In mid May 2007 the media reported side effects from the HPV vaccine when a number of girls from a Victorian school were reported as being unwell following vaccination of Gardasil®.

Dr C John Clements from the Macfarlane Burnet Institute for Medical Research and Public Health in Melbourne suggests these girls were suffering from a well documented condition called mass psychogenic illness (MPI). MPI has been defined as *“the collective occurrence of a constellation of symptoms suggestive of organic illness but without an identified cause in a group of people with shared beliefs about the cause of the symptoms”*.

The symptoms experienced by the affected individuals are real and not imagined and generally include headache, dizziness, weakness and loss of consciousness.

MPI reports have been made in differing cultural and environmental settings i.e. workplace, public transport, schools, the military and; it can be associated with food poisoning, fire, toxic gases and vaccination programs. An article written following a MPI in Jordan following dT vaccination in schools also discusses the role of media communications and public perception.

Gardasil® and mass psychogenic illness ANZJ of PH, Vol 31: No 4: pp387 (Ref: KHARABSHEH, Saad, AL-OTOUM, Haidar, CLEMENTS, John et al. Mass psychogenic illness following tetanus-diphtheria toxoid vaccination in Jordan. Bull. World Health Organ., 2001, vol.79, no.8, p.764-770. ISSN 0042-9686

# Health Care Worker Influenza Vaccination Program

Annual influenza vaccination of healthcare workers has been cited as the most efficient method of minimising exposure of vulnerable people to a potentially lethal virus strain. The South Australian Health Care Worker Program provides funded influenza vaccine to health care workers in the public health care sector.

A Health Care Worker (HCW) is anyone who works in a hospital or health care facility including administrative or professional personnel.

## Program Aim

- Reduce transmission of influenza within health care facilities during outbreaks
- Prevent illness in staff and patients
- Reduce staff absenteeism
- Decrease health care costs.

## Barriers and myths to influenza uptake among health care workers

Annual influenza vaccination of HCWs is often considered as protection for the recipient. However there is also great benefit to those vulnerable individuals in their care.

## Myths include:

- **Vaccination is not effective**
- **The vaccine causes influenza**
- **I am healthy and not at risk of complications.**

Influenza immunisation is known to be safe and effective. Common side effects include swelling, redness and pain at the injection site. Around 1-10% of vaccine recipients will experience fever, malaise and myalgia however usually these effects will only last for 1-2 days.

Immunisation nurses report that healthcare workers frequently fail to link the influenza vaccination with a duty-of-care rationale. New promotional materials and continuing education within the hospitals have formed a strategy to reinforce the HCW duty of care to reduce the potential for transmission of an infectious disease during outbreaks.

## Coverage

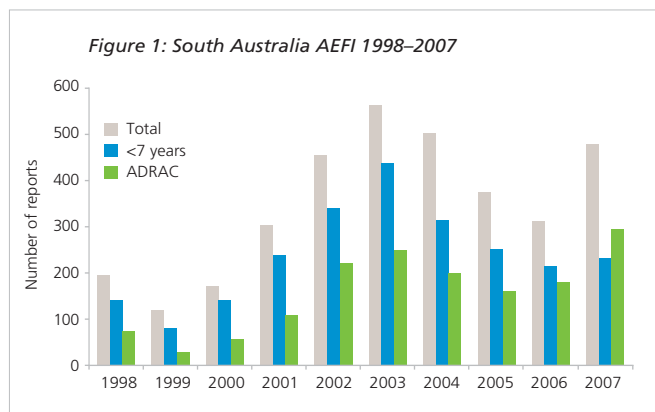
Influenza vaccine coverage among HCW in SA in 2006 was 52%. In 2007 this increased to 57%. Although it remains too early to estimate coverage rates in 2008 there has been a 15% increase in the number of doses distributed compared to the same time last year.

# Report on Adverse Events Following Immunisation in South Australia 2007

In 2007 two new vaccines were introduced to the NIP: HPV vaccine and Rotavirus vaccine.

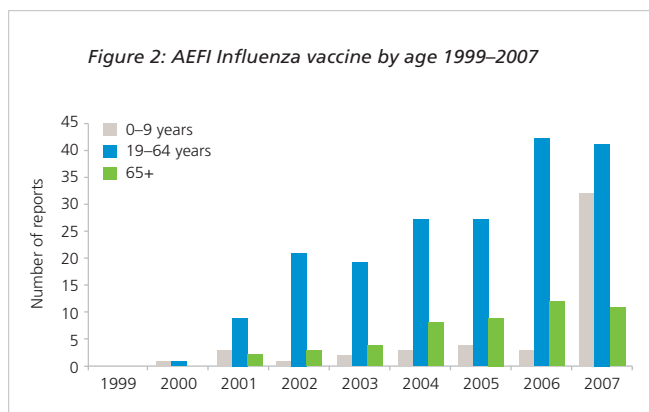
A total of 470 reports were received in 2007 compared to 300 reports in the previous year. This figure represents an overall increase of 56%. This increase in reports reflects the introduction of HPV. Just under half of all reports (226) related to children less than 7 years of age. Generally only reports which have been assessed as serious or unexpected events, are forwarded to the Adverse Drug Reaction Advisory Committee (ADRAC): 287 (61%) reports were forwarded to ADRAC. All reports relating to HPV vaccine were included as this is a new vaccine and the vaccine safety profile was being closely monitored: 131 (45%) of all reports sent to ADRAC related to HPV vaccine.

Figure 1 shows the total number of reports received in SA 1998–2007, the number of reports forwarded to ADRAC and the number of reports relating to children <7 years each year.



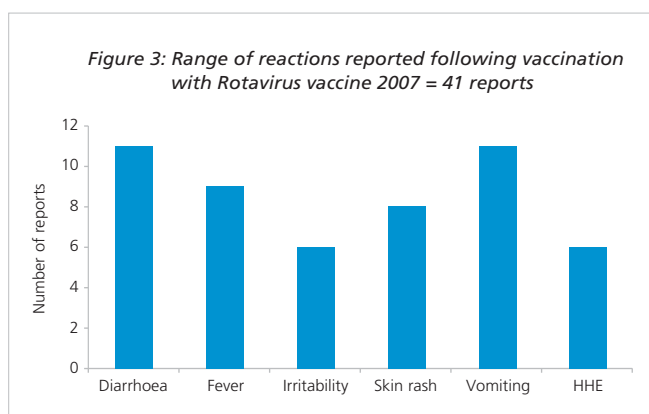
48.9% of the reports received in 2007 were from parents; 19.1% were received from GP practices. The remainder were received from vaccinees, local councils and other providers.

Reports of AEFI's with Influenza vaccination also contributed to the increase in the total number of reports received. In 2007 a total of 84 (18%) reports related to influenza vaccine; 32 (38%) of those related to children <9 years of age. The increase in the 19–64 year cohort in the years 2006/7 can be attributed to the introduction of the HCW program. (Figure 2)



Rotavirus vaccine was associated with 41 reports, 36 of which had other vaccines administered simultaneously. 24 (58%) of those reports were forwarded to ADRAC.

Side effects associated with Rotavirus vaccine include: fever, vomiting and diarrhoea. Figure 3 shows the range of reactions reported following the administration of Rotavirus vaccines. There have been no reports of intussusception in SA associated with Rotavirus vaccination.



This information continues to provide supporting evidence that indicates the benefits of immunisation in reducing morbidity and mortality due to vaccine preventable diseases outweigh the risk of immunisation related adverse events.

## Immunisation Questions and Answers

**Q** If a child is 11 months of age and presents for 6 month old vaccines, what should be given; Infanrix-IPV or Infanrix Hexa?

**A** As the child has attained 11 months of age, Infanrix Hexa may be given if the child has received Comvax at 2 and 4 months of age. The ACIR will accept this 3rd dose of Hib vaccine as the final dose to complete the schedule.

**Q** What is the difference between ADT and ADT Booster?

**A** ADT Booster is a brand name change from the original ADT.

## Australian Immunisation Handbook 9th Edition and Myths and Realities 4th Edition

*The Australian Immunisation Handbook (9th Edition)* and the *Myths and Realities guide for providers (4th Edition)*, were released to all immunisation providers in April 2008.

Further copies of these publications can be ordered through the Immunisation Section, your Local Immunisation Coordinator or through the Immunise Australia Website [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

## NB: Australian Immunisation Handbook 9th Edition

There have been a number of reports received of missing pages in the new Australian Immunisation Handbook (9th Edition). Should providers be affected, a replacement copy of the handbook can be ordered through the Immunisation Section or an order can be placed at [www.immunise.gov.au/internet/immunise/publishing.nsf/Content/pubs-order](http://www.immunise.gov.au/internet/immunise/publishing.nsf/Content/pubs-order)

## 11th National PHAA Immunisation Conference

### Immunisation: Old Challenges and New Frontiers

Surfers Paradise Marriott, Gold Coast.  
16–18 September 2008.

This is a fabulous opportunity for all involved in immunisation services to network and hear international and national experts present the most recent information in the field of vaccines and vaccination programs.

Further information about the Conference can be found on the PHAA website: [www.phaa.net.au/immunisationConference.php](http://www.phaa.net.au/immunisationConference.php)

### School Program Administrative Officer

*"As the new School Program Administrative Officer I would like to introduce myself. My name is Celie Bayre, I come to Health from SA Police where I have worked in an administration capacity for the past 11 years. Please feel free to contact me with any queries you may have in relation to the School Program. I look forward to working with you."*



Phone: 08 8226 7105. Fax: 08 8226 7197.  
Email: [celie.bayre@health.sa.gov.au](mailto:celie.bayre@health.sa.gov.au)

## Consent Resource – New Edition

The 'Immunisation Consent Resource' has been updated and has a new look using the new branding including the name - SA Health. The resource folder is currently being sent to all immunisation providers. Once you have received your new blue resource, you must discard the old green resource as it is now out of date and should not be used. The new resource is pictured here.



Extra copies of the consent resource are available for General Practice providers through your Local Immunisation Coordinator; all other Immunisation providers can access extra copies by phoning the Immunisation Section on 8226 7177.

## Flu Alert

South Australia receives funds to purchase influenza vaccine for 100% of the eligible population i.e.

- 65 years and over (non-indigenous)
- 50 years and over (indigenous)
- 15–49 with risk factors (indigenous).

If the funded supply of vaccine is given to those not included in the eligible group the stock will be depleted prematurely leaving no supply for those entitled to free vaccine. Should this situation arise measures will need to be considered to ensure all providers appropriately deliver the funded vaccine.

Flu vaccine is available on the PBS for individuals outside of the funded group.



### Did you know?

In NSW recently, there were 12 reported incidents in the last quarter of fridge failures with an average cost of vaccines wasted at \$6,000 per episode. The largest vaccine costs were Prevenar, Gardasil and Rotavirus, but others also contributed. A timely reminder to only order what you need for the fortnight to help reduce the cost if cold chain breaches occur!

For more information please contact Immunisation Section on 8226 7177 or by emailing [Sara.Almond@health.sa.gov.au](mailto:Sara.Almond@health.sa.gov.au) [www.health.gov.au/pehs/immunisation-index.htm](http://www.health.gov.au/pehs/immunisation-index.htm)