

Sharp and to the Point

Quarterly newsletter produced by the Immunisation Section, SA Health

Acronyms

ACIR	Australian Childhood Immunisation Register
HPV	Human Papillomavirus
NIP	National Immunisation Program
PHAA	Public Health Association Australia
NCIRS	National Centre for Immunisation Research and Surveillance
CDC	Communicable Disease Control
GPII	General Practice Immunisation Incentive Scheme
MCCV	Meningococcal C Conjugate Vaccine
RACFs	Residential Aged Care Facilities



Did you know?

The British Government have recently approved the HPV vaccine for girls aged 12 and 13 years of age.

From April 2008, a total of over 100 countries now have Gardasil licensed and over 80 have Cervarix licensed.

HPV Register Information Call Centre
1800 HPV REG or 1800 478 734

Innovation and Best Practice in Immunisation

Congratulations to Tudor Medical Centre, Hampstead Gardens.

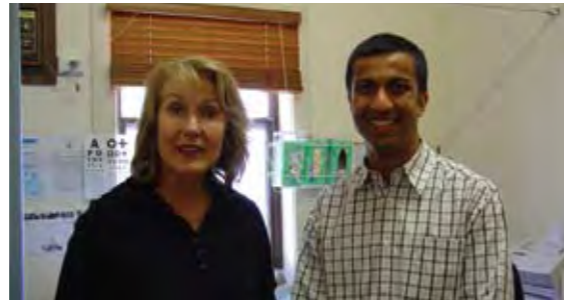
Sue Lake, Local Immunisation Coordinator for the North East Division of General Practice, has nominated the Tudor Medical Centre for their conscientious team effort and approach in addressing immunisation issues.

Over the past 12 months this practice has worked extremely hard to raise coverage rates from 89% to 92%.

A large number of immunisation consultations consisted of overseas or opportunistic catch ups.

The practice encouraged parents/guardians of all new clients, 7 years of age and under, to bring any immunisation records to their initial consultation. This was to ensure all immunisations were recorded on the ACIR, and to allow assessment of the child's immunisation status.

In recognition of their great work the Immunisation



Kerry Stubing, Practice Manager and Dr Sam Seimon of Tudor Medical Centre

Section presented Tudor Medical Centre with a David Jones hamper.

Congratulations to the team 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 the Immunisation Section - 8226 7177 or e-mail on Sara.Almond@health.sa.gov.au

Paediatric Trials Unit (PTU)

The PTU was established in 1997 and is led by Dr Helen Marshall at the Women's and Children's Hospital.

The PTU is part of the Children's, Youth and Women's Health Service, and is affiliated with the University of Adelaide and the Children's Research Centre.

This unit is one of several immunisation research units around Australia which forms the National Immunisation Research Network (established in 2006).

The PTU consists of a team of research doctors, nurses and scientists and is recognised nationally and internationally for its reputation and abilities in conducting clinical trials according to Good Clinical Practice Guidelines, in particular in the area of new vaccines.

The main focus of the PTU is to conduct studies into the efficacy and safety of vaccines and the translation of these findings into the delivery of effective immunisation programs.

Clinical trials have included studies in Phase I – IV investigational vaccine studies and vaccine safety. Research also includes epidemiological studies of disease prevalence, community attitudes to the introduction of new vaccines and adverse events related to vaccination.

The PTU has conducted a total of 40 studies to date. The latest vaccine studies include;

- combination HibMenC (Haemophilus influenzae type b, and meningococcal C)
- meningococcal A, C, W, Y vaccine
- meningococcal B vaccine.

Study results are presented at national and international meetings and are also published in peer-reviewed journals.

For further enquires or to receive the PTU quarterly newsletter, please contact Michelle Clarke (Clinical Research Coordinator) by email michelle.clarke@adelaide.edu.au or phone 8161 8117.

In this issue

- Special edition insert on immunisation for Aboriginal and Torres Strait Islander people
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- Reducing the Stress and Pain of Vaccination in Infants
- Update on Paediatric Trials Unit
- Health Care Workers and Aged Care Workers 2008 Influenza Season Summary

This newsletter is produced quarterly by the Immunisation Section. If you would like to request additional copies for your practice or have any queries on anything in this newsletter, please contact Sara Almond on phone (08) 8226 7177, fax (08) 8226 7197 or e-mail Sara.Almond@health.sa.gov.au

Changes to Immunisation Due and Overdue Rules

Currently when a child has not received their 4 year old vaccines, the ACIR does not consider them overdue until they turn 5 years old.

The Federal Government propose that from January 1 2009 this will change and any child turning 4 will be considered overdue if they have not received their 4 year old vaccines by 4 years and 1 month. Please note – this is yet to be legislated so further details will be provided in the next edition of Sharp and to the Point.

How will this impact on Parents/Guardians?

Parents of children considered overdue for their 4 year old vaccines will be sent a reminder letter to inform them that their child is due for their scheduled 4 year old vaccines. The vaccines should be administered and the information sent to the ACIR within 63 days to retain any existing eligibility to receive the Child Care Benefit.

Delays in getting children vaccinated may result in losing Child Care Benefit eligibility, until the child is up to date with scheduled vaccinations, or a Conscientious Objection Form is completed and received by the ACIR.

How will this impact on providers?

Providers should be aware that there may be increased demand for appointments for 4 year old immunisations. Please ensure the information is sent to the ACIR immediately otherwise some parents will be financially inconvenienced.

The purpose of this initiative is to improve the vaccine coverage rate in 4 year olds which is currently only 84% in South Australia.

Changing the due and overdue rules will mean that 4 year old children will become overdue much earlier (4 years and 1 month) and this will most likely affect the Outcome Benefits Payment received by GPs until coverage rates increase.

Christmas message

The Immunisation Section, SA Health, would like to wish you all a happy and safe festive season. We look forward to working with you all in 2009.

PHAA 11th National Immunisation Conference - Overview

This is just a brief report on a few of the presentations. Further information will be available in the next edition of STTP or visit www.phaa.net.au

The PHAA 11th National Immunisation Conference was held on the Gold Coast from 16 -18 September 2008. The program featured presentations from international experts visiting from New Zealand, the United Kingdom, the United States and Europe.

Professor David Salisbury, Director of Immunisation, Department of Health, London, talked about the challenges and complexity of introducing new vaccines such as MCCV and HPV. He outlined how these vaccines not only require communication campaigns and established disease surveillance systems but also vaccine safety surveillance and program evaluation. Professor Salisbury indicated that for a program to be successful there needed to be as much money spent on communications as on vaccine delivery.

Closer to home Professor Peter McIntyre, Director, NCIRS, Australia, delivered a comprehensive overview of progress made in the past decade with the introduction of a number of new vaccines. He further highlighted the continued need to improve coverage rates in the childhood program, Aboriginal Australians and health care workers.

Timeliness of Vaccinations Problematic

Professor McIntyre was the first of many speakers at the conference to discuss the "timeliness of vaccination" and the subsequent impact that "delayed" or "incomplete" vaccination has in both lowering vaccine coverage and increasing the burden of disease.

More specifically the timeliness of childhood immunisations was addressed by Brynley Hull, Epidemiologist, NCIRS. He compared "timeliness" with specific vaccines in three separate birth cohorts from 2005, 2001 and 1998. Most children received all due vaccines by 24 months of age but not in a timely manner.

Brynley noted that Aboriginal children were more likely to delay receiving vaccines scheduled at 6 months compared to the wider community; and greater delays were seen in older age groups.

Pneumococcal Disease/Vaccine

PneuMum study

Aboriginal children experience high rates of ear infections that may lead to deafness and learning difficulties.

Ross Andrews from the Menzies School of Health Research in the Northern Territory presented the results of a study where pregnant Aboriginal women were vaccinated with polysaccharide pneumococcal vaccine during their 3rd trimester, at delivery, or at 7 months post delivery (control group).

Interim results of their study provide strong support for maternal pneumococcal vaccination as a strategy to reduce recurrent ear infections in early infancy.

Measles Elimination – New Challenges

Dr Jane Seward from CDC, Atlanta Georgia, provided an update on the control of measles in the United States of America.

From 2000 - 2007 a median of 56 cases were reported annually, a decline of more than 99% from 894,134 cases reported in 1941.

Dr Seward raised concerns that by 11 July 2008 there had already been 132 confirmed cases of measles in the US. This was the highest number seen in 10 years. This increase was due to the spread of the disease in susceptible groups rather than a high importation rate.

Most "at risk" groups continue to be children under 12 months of age and young adults aged between 20-39 years.

Dr Seward warns that there is still great potential for a world wide infection.

In 2006 the World Health Organisation reported 20 million cases of measles.

Measles is still considered endemic in many countries, including some countries in Europe.

Health Care Workers Attitudes to Vaccination

Holly Seale from NCIRS reported results of a survey examining attitudes of health care workers to being immunised against a number of vaccine preventable diseases.

The study was conducted within NSW Health in NSW hospitals, where there is a directive for health care workers to be immunised against a range of vaccine preventable diseases.

Most health care workers were supportive of being immunised. The most common reason for their support was self protection, followed by protection of other hospital staff; lower down on the list, at number five, was "because it provided protection for the patient".

3.6% of respondents opposed the directive, with nursing staff more likely to be opposed to vaccination than ancillary staff. Those who opposed did so for the following reasons;

- it took away their right to choose
- the efficacy of vaccines was challenged; and
- they had difficulty in accessing vaccination clinics.

2008 Influenza Season

As at 8 October 2008, 305 laboratory confirmed cases of influenza were reported, compared with 552 at the same time in 2007. 79% of confirmed cases were the B strain, and 21% were the A strain.

In 2008 influenza became a notifiable disease, surveillance data can be viewed at www.health.sa.gov.au/pehs/notifiable-diseases-summary

SA Health Care Worker Program

Vaccine uptake amongst health care workers in the public sector is measured at the end of each season. The increase from 51% in 2006 to 57% in 2007 is an encouraging trend. Coverage rate data for 2008 is currently being collated.

SA Residential Aged Care Program

Approximately 58 RACFs implemented an influenza vaccination program in 2008. Educational and supporting materials were designed specifically for the needs of the sector. RACFs are submitting coverage data to the Immunisation Section.

These programs raise awareness amongst health care workers about the importance of influenza vaccination to protect themselves, their families and the vulnerable patients they care for.

Pandemic Influenza

The SA Pandemic Vaccination Plan is now available online at: www.health.sa.gov.au/PANDEMICINFLUENZA

Vaccine Distribution Centre Christmas Closure

The Vaccine Distribution Centre will be closed from

Monday, 22 December 2008

and will resume on

Monday, 5 January 2009.

Final deliveries will be made on **Friday, 19 December 2008.**

Orders can be faxed to (08) 8226 6453 or (08) 8226 6449 during the closed period.

Delivery dates for 2009 will be distributed to all providers before the New Year commences.

Reducing the Stress and Pain of Vaccination in Infants

The 9th Edition Australian Immunisation Handbook (p43) outlines methods to reduce infant distress and pain following vaccination through the routine use of distraction, relaxation or other measures. One of the other measures highlighted in the handbook is the use of sucrose before injection.

If you want to know more about the efficacy of administering sucrose before infants are vaccinated then the following two articles will be of interest:

Charles P Vega. 'How to stop the hurt-sucrose prior to infant vaccinations: A best evidence review' Medscape Family Medicine: 16/06/2008: www.medscape.com/viewarticle/575986

Hatfield LA, Gusic ME, Dyer A, Polomano RC; "Properties of oral sucrose during routine immunizations at 2 and 4 months of age" Pediatrics.2008; 121: e327-e334

www.pediatrics.aappublications.org/cgi/content/abstract/121/2/e327

Alert

Vaccine Storage

To avoid the risk of a cold chain breach to privately purchased vaccines, it is important to advise patients on the following issues:

- Discuss risks of freezing and warming the vaccine and advise them on safe storage procedures
- Recommend that they pick up the vaccine from the pharmacist immediately before attending their appointment
- Inform them that they may be able to leave the vaccine with the GP, clearly labelled with their name and when it will be used. (p25 'Strive for 5'-National Vaccine Storage guidelines.)

If the above recommendations are not observed, vaccine potency may be affected and the vaccine should not be administered.

Important Message - Influenza Vaccine

Please ensure that all 2008 influenza vaccine is discarded before the end of the year.

Immunisation Questions and Answers

Q Are there any monovalent (single) Measles, Mumps or Rubella vaccines available in Australia?

A Monovalent vaccines for measles or mumps are not licensed in Australia. Monovalent Rubella vaccine is licensed and can be given once a woman has delivered her baby, if antenatal screening indicates low levels of Rubella antibodies. Separate administration of measles, mumps or rubella vaccine is not recommended as an alternative to combined MMR vaccine.

Q If someone is visiting from overseas, can they access funded vaccines?

A A current Medicare Card is required to be eligible to receive funded vaccines from the NIP schedule. Reciprocal arrangements with other countries, for example, the UK and New Zealand, only cover necessary medical treatment from ill health or injury and not immunisations. People not eligible for Medicare Cards, should be advised to take out health insurance prior to entering Australia and therefore must pay for the vaccines.