

Sharp and to the Point

Quarterly newsletter produced by the Immunisation Section, SA Health

In this issue

- 'Catch-up' HPV program completion dates
- HPV Register update
- Cold chain breach during a power outage – what to do
- Special Immunisation Service
- School Based Immunisation Program
- The latest about rabies
- Focus on Influenza

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 phone (08) 8226 7177, fax (08) 8226 7197 or email Sara.Almond@health.sa.gov.au

The HPV 'catch-up' program deadline looms!

'Catch-up' HPV Program Completion Dates

Currently the Human Papillomavirus (HPV) vaccination program offers funded vaccine to:

- 12-13 year old females through an ongoing school based delivery program in Year 8
- 14-26 year old females through a 'catch-up' program delivered by General Practice and other immunisation providers.

On **30 June 2009** the 'catch-up' program will cease. After this date anyone commencing a course (i.e. receiving dose 1) must access the vaccine privately via a prescription. Those who have already commenced a course prior to 30 June 2009 have until 31 December 2009 to complete the course with funded vaccine.

After **31 December 2009** funded vaccine will only be offered to all Year 8 females through the ongoing school based delivery program.

Providers are encouraged to use Recall/Reminder systems within their Practice to ensure that all eligible females are offered a course of funded vaccine prior to the program ending. Providers could also take the opportunity to discuss eligibility with clients during appointments.

Cold Chain Breach During a Power Outage – What to do

The recent prolonged hot weather conditions resulted in power outages across South Australia. Many refrigerators struggled to maintain temperatures within 2-8°C in these conditions.

If your vaccines are exposed to temperatures outside of 2-8°C, follow these steps:

STEP 1 - Isolate your vaccines by placing a 'DO NOT USE VACCINES' sign on the refrigerator and communicate this to all staff.

STEP 2 - Document all information relating to the suspected cold chain breach including;

- (a) the temperature the vaccines have been exposed to
- (b) the length of time the vaccines were exposed
- (c) an assessment of freeze/heat monitor cards and where they were placed in the refrigerator

Do not move these cards or any vaccines until you have spoken to the Immunisation Section.

STEP 3 - Phone the Immunisation Section (08) 8226 7177 Monday to Friday or your Local Immunisation Coordinator for advice as soon as possible. Outside of those hours complete steps 1 and 2 and phone the Immunisation Section as soon as possible on the next week day.



Remember!

Check – Refrigerate – Rotate

Tips to keep your vaccines effective

When ordering vaccines please remember:

Only order the stock you require for the following fortnight. Do not overstock your refrigerator! Overstocking can contribute to fluctuations in temperatures as air cannot flow freely through the refrigerator

When receiving your vaccine orders please remember:

- When your order arrives, **check** it immediately. Ensure the correct vaccines have been delivered. Inspect the monitor cards and ice packs (rural providers only)
- As soon as checks are complete **refrigerate** all vaccines
- **Rotate** your stock. Place new stock towards the back of the fridge and old stock towards the front of the fridge. Shortest expiry date stock should be used first. Check expiry dates regularly – never use out of date vaccine.

When stocking your refrigerator please remember:

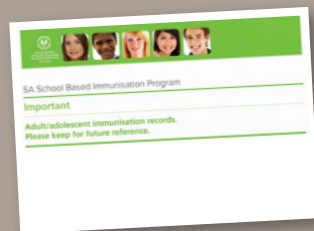
- Keep vaccines in their original packaging; do not remove until ready to use
- Open and close the refrigerator door only when required
- Monitor the refrigerators temperature by recording it at the beginning and end of every working day. Record these temperatures on the temperature chart provided by SA Health. Observe the thermometer throughout the day ensuring temperatures are within 2-8°C
- Have back-up storage for your vaccines in case of power failure (refer to 'Strive for 5' National Vaccine Storage Guidelines)
- Position the refrigerator away from heat sources e.g. not directly under a window, or next to machinery
- Tape or place a "do not turn off refrigerator" sticker over, on or near the electrical plug to avoid it being accidentally turned off.

School Based Immunisation Program

The resources for the 2009 School Based Immunisation Program (SBIP) have a fresh new look. Following consultation with providers and parents, changes to the SBIP resources have been incorporated to reflect the suggestions. It is anticipated the new resources will satisfy the needs of the providers as well as be informative and user friendly for parents/guardians.

In 2009 the SBIP resources include:

- a Parent/Guardian Information Sheet informing parents of the SBIP and the risks and benefits of vaccination, including a document holder to store vaccination records for future reference (see picture)
- a single consent card incorporating the 3 vaccines offered to Year 8 students:
 - Hepatitis B and Varicella vaccines to all Year 8 students and HPV (Gardasil) vaccine to all Year 8 female students
- a single consent and information card for Boostrix vaccine offered to all Year 9 students
- 'Record of Vaccination' (follow up) card incorporating the Year 8 and Year 9 vaccines.



It is a requirement for the School Program Providers to follow-up students who have missed vaccinations during a scheduled school vaccination visit.

On completion of follow up vaccinations, the reply paid tear off card must be forwarded to the Immunisation Section for data collection. Additional cards are available from the Immunisation Section or your Local Immunisation Coordinator.

Parents are requested to complete the consent form and return it to the child's school whether consenting for vaccination or not. This assists in monitoring the level of protection against these diseases as well as assisting with the control of the spread of infectious diseases in South Australia.

Sending Completed Consent Forms to the HPV Register

Pink HPV Register consent forms can still be used and will continue to be available from the Immunisation Section, SA Health.

It is important that a new consent form is completed for each dose of HPV vaccine given – therefore each client should have three forms submitted to the HPV Register in total. The information on the forms will enable the HPV Register to:

- send out reminders to parents and providers of missed doses in all programs
- notify clients of the need for booster doses, should research suggest in the future that booster doses are needed

General Practice:

Please post your forms in batches to the HPV Register (pre-paid envelopes are available from the National HPV Vaccination Program Register - please call 1800 478 734). Providers delivering HPV vaccine infrequently may fax an individual form to (03) 8360 8699.

Local Council:

The forms are to be kept as Local Council records only.

- **those using the ImPs software program:**
HPV data will be transferred to the Register via the ImPs program in the near future. Providers will be notified when this facility is available.
- **those NOT using the ImPs software program:**
HPV data is to be loaded into a web portal in the near future. Providers will be notified when this facility is available.

Work is currently being undertaken to allow providers access to client records via a secure website. It is anticipated this will be available from March 2009, further information will be available in the next edition of Sharp and to the Point.

Special Immunisation Service



Contacts:

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Date Jan 09

It can be expected that any vaccine recipient may experience a side effect following vaccination such as fever or an injection site reaction. As part of the pre-vaccination procedure, vaccinees should be informed of the common side effects and given the opportunity to discuss any further concerns regarding vaccine safety. A minority of vaccinees may experience an adverse event following immunisation (AEFI) which is serious (requires medical review, hospitalisation or results in disability) and/or unexpected. These events should be reported to the Immunisation Section who will then forward the details on to the Adverse Drug Reactions Advisory Committee; a clinical review should occur to determine if the event was caused by vaccination and what implications this has for the re-vaccination (with the same vaccine antigens) if indicated.

For paediatric and adolescent vaccinees who have experienced an AEFI or who are considered 'at risk', referral to the Special Immunisation Service (SIS) should be considered. SIS is an out-patient referral service, funded by the Department of Health, offered by the Department of Allergy and Immunology, at the Children's Youth and Women's Health Service (CYWHS) for the assessment and vaccination (under medical supervision) of children with special requirements.

Referral Criteria

Children and adolescents who have experienced adverse reactions after previous vaccines which may include;

- A convulsion with or without fever
- Persistent and inconsolable screaming for > 3hours
- Collapse or shock-like state (hypotonic-hyporesponsive episode)
- Anaphylaxis or generalised skin rash occurring within 6 hours of immunisation
- Apnea following immunisation (usually in pre-term infants)
- Any other significant problem which is temporally related to immunisation and which is regarded as serious because this has resulted in hospitalisation, disability or prevented the completion of the recommended immunisation schedule
- Children who are considered to be at a higher risk of experiencing an adverse reaction post immunisation because they have an underlying medical disorder including any immunodeficiency disorder (primary or acquired including bone marrow transplant etc)

NOTE: Children with egg allergies (including anaphylaxis) are not considered at increased risk following receipt of the MMR vaccine and should not be referred.

Referral Mechanism

Request an appointment by contacting the Immunisation Section (08) 8226 7177.

All AEFIs need to be reported to the Immunisation Section prior to attendance at the SIS (reports can be submitted by telephone at the time requesting an appointment).

Rabies in Bali

The Chief Medical Officer, Commonwealth Department of Health and Ageing, has advised that rabies is now present in Bali. Dogs have been diagnosed with rabies in the Kuta area, a popular destination for Australian visitors. Previously, Bali was considered free of rabies and pre-exposure prophylaxis and post-exposure treatment were not recommended for visitors.

Visitors to Bali for less than one month

All persons considering travel to Bali should consult a doctor with a background in travel medicine. Visitors to Bali are strongly advised to avoid direct contact with dogs, cats, monkeys and other animals. If bitten or scratched by any animal, they should apply immediate first aid and seek medical attention as soon as possible.

Persons visiting Bali for more than one month

Pre-exposure prophylaxis is now recommended for those at higher risk including expatriates and travellers spending prolonged periods (more than one month) in Bali.

Persons bitten or scratched in Bali since 1 August 2008

People who have presented following bites or scratches from an animal in Bali since 1 August 2008 should be assessed for post-exposure treatment.

For further details on pre-exposure prophylaxis or post-exposure rabies information, please refer to The Australian Immunisation Handbook, 9th Edition 2008, pages 110-119, or call Immunisation Section on 8226 7177.

Immunisation Questions and Answers

Q Where can I find School Immunisation Program records?

A Records can be found by contacting the Local Council that provided the service to the school that the student attended.

Q If an adult or adolescent has not received a primary course of Tetanus, can they receive a Boostrix?

A If a 3 dose primary course of diphtheria/tetanus toxoid is given to an adolescent/adult without a previous history of having received pertussis containing vaccine, the preferred option is that dTpa(Boostrix or Adacel) replace the 1st dose of dT, to provide pertussis immunity as early as possible. With all subsequent doses as dT (ADT Booster). A booster dose at 10 and 20 years is needed after the primary course.

Welcome to Jason



The Immunisation Section welcomes Jason Mavrikis to the team as the new Vaccine Distribution Coordinator.

What is your background? 'I come to Health with a variety of administration and project officer experience in SA Government departments including Safe Work SA and the Department of Water, Land and Biodiversity Conservation.'

What do you do in your spare time? 'Besides playing soccer with my friends, my other passion is creating music and playing guitar in a rock and roll band.'

What's the best piece of advice you've been given? 'I've been given a lot of great advice over the years. Key amongst the choice bits of wisdom that have been bestowed upon me would be to always treat others as you would like to be treated yourself, and to never assume as assumption is the mother of most mistakes.'

Please feel free to contact Jason with any queries or questions that you might have in relation to vaccine distribution.

Phone: (08) 8226 6692 Fax: (08) 8226 6449 Email: Jason.Mavrikis@health.sa.gov.au

Immunisation Professional Certificate



Are you an RN working in an area of clinical practice where your role requires you to provide an immunisation service?

Immunisation Professional Certificate has been developed with the intent of applying professional knowledge and skills to client specific health situations where they seek immunisation services.

Outcome:

- critically analyse the role of immunisation as a major public health strategy
- apply problem solving strategies to the effective and safe management of adverse reactions to immunisation
- debate issues pertaining to immunisation and support arguments with evidence
- critically examine current immunisation practices and, where appropriate, actively initiate and support changes to these practices
- provide an effective, safe immunisation practice that reflects sensitive concerns for age, social, cultural and ethnic status
- practice as a safe competent provider of immunisation service in a variety of settings
- practice immunisation within professional, legal and ethical parameters

This course is delivered online. For information on course fees and commencement date for 2009 visit http://www.unisa.edu.au/nur/programs/immunis.asp#Course_Overview

ACIR Alerts

Hib 'catch-ups'

Recent reports from the ACIR indicate that some children on 'catch-up' schedules, are receiving Hib doses too close together; consequently some of these doses are not accepted as valid by the ACIR.

The Hib 'catch-up' on page 33 of the 9th Edition Immunisation Handbook stipulates children 7-14 months of age need to wait at least 2 months between doses.

The age of the child when receiving the first dose of Hib vaccine affects the number of doses required and the minimal interval between doses. For any clarification on 'catch-ups' please call the Immunisation Section or access the Immunisation Calculator. www.health.sa.gov.au/pehs/immunisation-index.htm

Infanrix hexa administered at 12 months of age

Some children have received Infanrix hexa at 12 months of age in place of Hiberix. This results in an unnecessary extra dose of DTP/IPV and Hep B which may increase the risk of an adverse event.

ACIR will not accept this vaccination as a valid dose. If this occurs, the parent must be notified and advised to observe the child for any serious or unexpected side effects, and to report the adverse event to the Immunisation Section.

To validate this vaccination in the ACIR and to have the Hib component of the combination vaccination accepted, the provider must contact Trish Berryman at the ACIR directly on (08) 8274 9310. Records can then be altered to accept the Hib component of the combination vaccine and avoid any further need to immunise with Hiberix.

Acronyms

ACIR	Australian Childhood Immunisation Register
Hib	Haemophilus influenzae Type B
HPV	Human Papillomavirus

Focus on...

Influenza 2009 Season

Flu facts

- Influenza (flu) infection is a highly contagious and potentially deadly disease
- In Australia flu can cause up to 1,500 deaths, compared to 1,600 road deaths each year
- 1.2 million Australians are in an 'at risk' group of developing complications from the flu
- 10% of all workplace absenteeism due to illness has been attributed to influenza

Annual vaccination is the single most effective measure to prevent influenza.

This Focus on Influenza will provide some basic facts about influenza and how it can be prevented.

If you have any queries, please contact Julia Waddington-Powell on phone (08) 8226 7177, fax (08) 8226 7197 or e-mail julia.waddington-powell@health.sa.gov.au

In Australia, influenza season is from March to September each year

This year SA Health will be running a promotional campaign encouraging people to get vaccinated against flu.

The campaign will be advertised on television with support from a website and promotional material including flyers and posters and will run for a period of two months, starting in early April to ensure people get vaccinated before winter.

Please be aware that this may lead to an increase in demand for the flu vaccine so you may want to ensure that you have adequate stocks and remember: **Check – Refrigerate – Rotate**



A sneeze produces up to 20,000 droplets in contrast to several hundred expelled in coughing. The largest droplets fall to the ground within a few metres.

Image courtesy of CSL.

Vaccine Composition

The World Health Organisation (WHO) meets in September each year to recommend the vaccine composition for the Southern Hemisphere.

The 2009 vaccine contains the following strains:

A/Brisbane/59/2007 (H1N1)

A/Brisbane/10/2007 (H2N2)

B/Florida/4/2006 like virus

Influenza Vaccine Storage

Fridge vaccine stocks increase during influenza season. This will impede the efficiency of vaccine fridges.

To avoid a cold chain breach:

- Order regularly
- Don't overstock the fridge
- Monitor the temperature twice daily
 - Please refer to the information on the vaccine fridge temperature chart provided by SA Health.
- Contact the Immunisation Section on (08) 8226 7177 for advice if the vaccines have been exposed to temperatures outside 2-8°C

Focus on Influenza – 2009 Season

Who Should Have the Flu Vaccination?

Influenza vaccination is recommended for anyone who would like to reduce the chance of becoming ill with the flu and for anyone who is at an increased risk of complications if they become infected with the flu.

This includes:

- All individuals aged 65 years and over (funded program)
- Aboriginal and Torres Strait Islander people (funded for 15-49 years of age with risk factors* and for those 50 years and over)
- Health care workers
- Residents and staff of nursing homes and long term residential care facilities
- Adults and children suffering a chronic illness

* refer to: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nipii-fshw

Vaccinations are required every year as immunity only lasts 12 months.

As winter is peak flu season, a vaccination in autumn will give you the two weeks needed to develop immunity and provide maximum protection at four to six weeks after immunisation.

How Effective is Influenza Vaccination?

Influenza vaccination offers between 70% and 90% protection against the strains covered by the vaccine. As the vaccination provides immunity for one year only, annual vaccination is required to provide ongoing protection.

Influenza vaccine given to people at risk of complications from infection is the single most important preventative measure. While the vaccine does not offer 100% immunity to anyone, people who have been immunised and still contract influenza, experience significantly less severe symptoms of a shorter duration and less likely to develop serious complications.

(Reference: *NHMRC Australian Immunisation Handbook 9th Edition 2008*)



Did you know?

A study published in The New England Journal of Medicine on influenza vaccine administered to pregnant women found that immunity can be passed on to the newborns. Researchers determined that those babies born to vaccine recipient mothers had a 63% reduction in influenza and low rates of respiratory illness and fever. (Ref: *NCIRS Immunisation Newsbriefs; September 2008*)

Recommended Doses of Influenza Vaccine for Children

If a child 6 months to ≤ 9 years of age receiving influenza vaccine for the first time inadvertently does not receive the second dose within the same year, he/she should have 2 doses administered the following year. (Reference: *The Australian Immunisation Handbook 9th Edition 2008*)

Age	Dose	Number of doses (first vaccination)	Number of doses (subsequent years)
6 months–<3 years	0.25 mL	2†	1
3–9 years	0.5 mL	2†	1
>9 years	0.5 mL	1	1

† Two doses at least 1 month apart are recommended for children aged ≤ 9 years who are receiving influenza vaccine for the first time. The same vial should not be re-used for the 2 doses.

QUICK FACTS!

1. Influenza is a notifiable disease. In 2008, laboratory confirmed cases of influenza reached 499, compared to 577 reports for the same period in 2007.
2. Frequent updating of the influenza vaccine content is necessary as influenza viruses are permanently evolving and strains will differ from year to year.