

Sharp and to the Point

Quarterly newsletter produced by the Immunisation Section, SA Health

Download the Immunisation Calculator

The South Australian Immunisation Calculator ('the Calculator') is a computer-based system designed for the National Immunisation Program (NIP). If vaccine doses are delayed or missed, the Calculator can assist by providing a 'catch-up' schedule for future vaccine doses. The Calculator has been developed for Australian children up to their 7th birthday. Parents, carers, and healthcare providers across the country can use the Calculator to assist with 'catch-up' scheduling for vaccinations. The calculator can also provide a 'catch up' vaccination schedule for Indigenous children.

The Immunisation Calculator now has a stand alone PC version available for installation and download so you can now run the calculator where ever you are. Just remember to keep it up to date for all the latest vaccines and schedules. Go to www.health.sa.gov.au/immunisationcalculator/.

The 'stand alone' version of the Immunisation Calculator has a 'pop-up' box with a message for the user to regularly check for updates from the Immunisation Calculator website. If the 'stand alone' version of the Immunisation Calculator is not updated within 6 months the current version will no longer operate and a new version will need to be downloaded. *Remember it's as easy as 1, 2, 3.*

Welcome to Sue



The Immunisation Section welcomes Sue Bourdon to the team.

Sue worked for two years at the Immunisation Clinic General Practice (ICGP). During that time she completed the

Immunisation Course at University of South Australia and also began working at the Paediatric Trials Unit (PTU). Sue continues to work at PTU one day a week. Her work involves assisting with clinical trials of new vaccines. Sue also currently works for the Immunisation Section 3 days a week.

New Arrival Refugee Immunisation (NARI) program

The NARI Program aims to coordinate the assessment and delivery of immunisations for newly arrived humanitarian refugees to South Australia.

NARI Immunisation providers can:

- Discuss referrals with GPs and other health professionals.
- Ensure new arrivals have their current immunisation status assessed and develop catch-up programs as required.
- Provide documentation of immunisations given and when next due.
- Provide interpreting services for new arrivals attending clinics.
- Make appointments for family groups.

NARI Immunisation providers can be contacted on the following numbers:

- Migrant Health Service 8237 3900
- Charles Sturt Council 8408 1111
- Onkaparinga Council 8384 0666
- Playford Council 8256 0333
- Port Adelaide Enfield Council 8405 6600
- West Torrens Council 8416 6333



Did you know?

A recent report from the United States has traced a Pertussis outbreak in 2004 to a health care worker. During a 4 week period where the woman exhibited cough, vomiting and trouble breathing, she cared for 113 infants, 11 of which contracted Pertussis. The health care worker concerned had not been immunised against Pertussis since her childhood immunisations.

A single booster dose of an adult Pertussis containing vaccine is recommended for ALL HCWs in South Australia.

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- Important information on the HPV Register
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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

Hiberix Update

Prior to September 1 2008, children presenting for their 12 month immunisations should have received Comvax (PRP-OMP). As of 1 September 2008 all those children should have presented and there should be no further use for Comvax (PRP-OMP) in this age group.

MMR, Meningococcal C and Hiberix should be offered at 12 months of age. Hiberix (PRP-T) will replace Comvax (PRP-OMP) for the 12 month old Hib vaccination. This will provide the recommended Hib booster dose following administration of Infanrix hexa.

Do not discard any remaining Comvax (PRP-OMP) as this can still be offered to complete the Hib and Hepatitis B schedule for children who **have not received any doses** of Infanrix hexa at 2, 4 and 6 month immunisations.

If Comvax is not available, Hiberix and mono-valent Hepatitis B will be required.

Please Note: As with Infanrix hexa, **Hiberix (PRP-T) also requires reconstitution.** It is presented as a pre-filled syringe containing 0.5ml sterile 0.9% normal saline and a vial containing Hib vaccine as a white lyophilised pellet. The liquid in the syringe should be emptied into the vial and mixed before being redrawn back into the syringe prior to administration.

An updated 2008 Vaccine Order Form has been posted to all immunisation providers with an accompanying letter.

This can also be downloaded from www.health.gov.au/pehs/immunisation-index.htm

HPV Register Update

Please note there are two consent forms currently available for use (1) those provided by the Immunisation Section and (2) those provided by the HPV register. Either form is acceptable, however only one needs to be completed per patient, per dose.

Forms may continue to be mailed to the Immunisation Section for forwarding to the HPV Register OR alternatively providers may fax consent forms to the HPV Register directly on (03) 8360 8699.

Please note that the "provider details" on the form **MUST** include the GP provider number and not the practice provider number. Please ensure all details are completed as accurately as possible on the form.

Reminder: The funded catch up program for girls aged 12-26 will only be available up until 30 June 2009.

Acronyms

ACIR	Australian Childhood Immunisation Register
ACW	Aged Care Worker
HCW	Health Care Worker
HPV	Human Papillomavirus
APY	Anangu Pitjantjatjara Yankunytjatjara Lands
HBV	Hepatitis B virus
23vPPV	23-valent pneumococcal polysaccharide vaccine
NCIRS	National Centre for Immunisation Research and Surveillance

Educational visit to APY Lands



The APY Lands cover over 105,000 square kilometres in the North West corner of South Australia, home to almost 3,000 residents. The main clinics are located at Iwantja (Indulkana), Mimili, Fregon, Pukatja (Ernabella), Amata, and Pipalyatjara while smaller clinics are located at Yunyarinyi (Kenmore Park), Nyapari and Watarru. The aged care respite facility is located at Pukatja. The organisation has administration offices at Umuwa and Alice Springs.

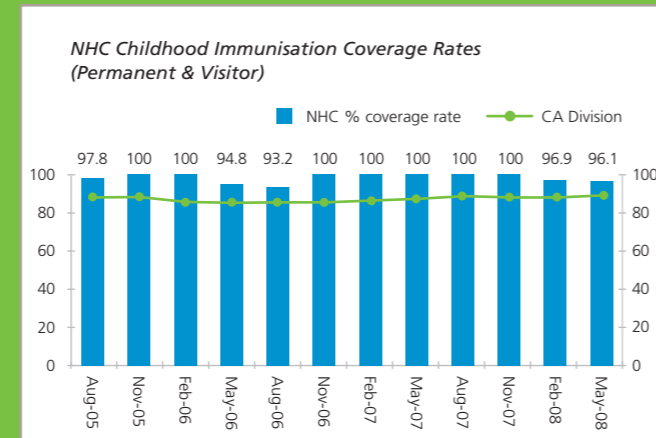
The aim of the Immunisation Section visit to the lands was to:

- Conduct immunisation education workshops for clinic nurses.
- Conduct clinic visits to monitor cold chain systems
- Provide education to nurses who were not able to attend the workshops.

- Identify issues relating to vaccine safety, vaccine storage and vaccine administration.
- Identify areas of support to ensure a high quality immunisation service continues.

Immunisation service delivery in the APY Lands is presented with several challenges, including lack of resources and a challenging physical environment. The level of data management and use of ACIR and Communicare is impressive and results in high immunisation coverage for residential and transient populations. The childhood immunisation coverage for the APY Lands in 2007 was sustained at > 98%.

Ongoing quality assurance processes are in place with regard to education and vaccine storage, supporting the development of innovative local solutions to promote immunisation among the Anangu.



Nganampa Health Council, Annual Report (p 8) 2007

2008 Aged Care Worker Flu Program

In 2007 a pilot program was implemented across a number of Residential Aged Care Facilities (RACF) with the aim of increasing influenza vaccine coverage for both staff and residents, through efficient vaccine storage and administration systems. This was a collaborative approach by the Immunisation Section and the Adelaide Northern, Southern and North Eastern Divisions of General Practice.

The success of that pilot led to the development of Model Documents for use by aged care workers to support an enhanced program in 2008 to other aged care facilities.

Clinical support was provided by the Immunisation Section through visits to aged care facilities, providing onsite education and advice.

The aged care sector has demonstrated both enthusiasm and innovation regarding the implementation of the guidelines as contained in the ACW Model Documents and in delivery of high quality, staff and resident influenza programs.

The program was supported by peak bodies within aged care including Aged and Community Service SA and NT Inc; and the Aged Care Association.

The Immunisation Section anticipates offering the program across a wider section of the aged care sector in 2009.

Intradermal Administration of Hepatitis B

There have been several new studies into the effectiveness of intradermal hepatitis B administration in healthcare workers who were identified as non responders to a primary vaccination course, even after receiving a subsequent intramuscular booster schedule.

In one study conducted in July 2002, The Royal Prince Alfred Hospital (RPAH) gained approval to conduct a trial on the intradermal administration of the hepatitis B vaccine for staff who did not respond to the intramuscular hepatitis B vaccination course.

Using the RPAH database, 126 staff with low surface antibody (<10mIU) or hepatitis B antibody negative following intramuscular hepatitis B vaccination, were identified for the trial.

The trial results demonstrated that 86% (108/126) of participants developed adequate levels of immunity. The HCWs who did not develop adequate antibody levels at the end of the trial were advised of their immunity status and provided with important safety information in the event they were exposed to blood or body fluids.

These studies are limited and intradermal delivery of vaccines is not within usual immunisation practice. Any provider considering delivery of intradermal vaccines, should be familiar with the requirements of this technique.

(Reference: "Vaccination with Intradermal Recombinant Hepatitis B Vaccine in Health Care Workers Who Have Failed to Respond to Intramuscular Vaccination" Sydney South West Area Health Service)

Further information can be obtained from the Australian Immunisation Handbook (9th Edition) pg 160.

Hepatitis B and C Update

Hepatitis B

The Australasian Society for HIV Medicine (ASHM) and the Cancer Council of NSW recently launched a Hepatitis B resource for general practitioners and other primary care providers called *B Positive - all you wanted to know about Hepatitis B*. This resource can be downloaded at: www.ashm.org.au/b-positive/

In Australia, an estimated 90,000 to 160,000 people have chronic hepatitis B, more than half of whom are people born in highly endemic countries of the Asia-Pacific region. Higher rates of chronic HBV infection are also observed in Indigenous populations, injecting drug users and men who have sex with men.

SA Health makes free hepatitis B vaccines available to all immunisation service providers in the state for clients in defined categories. For details, please call the Immunisation Section on 8226 7177 or view the Policy at: www.health.sa.gov.au/pehs/immunisation/immunisation-policies.htm, and follow the link to *Access to Free Hepatitis B Vaccine*.

Hepatitis C

The Australian Government Department of Health and Ageing has recently released the revised and updated 2nd version of the National Hepatitis C Resource Manual. This resource can be ordered in hard copy from the Department of Health and Ageing by emailing a request to phd.publications@health.gov.au or by phone on 1800 020 103 and asking for extension 8654. The manual can also be downloaded at: www.health.gov.au/internet/main/publishing.nsf/Content/phd-hepc-manual-2008

Rotavirus-Recent Reports from the USA

Recent reports from the USA indicate that compared with the 15 previous seasons (from 1991-2006) rotavirus activity appeared delayed in onset by 2-4 months, and numbers reported declined by 50% since the introduction of the Rota Teq immunisation in February 2006.

The National Centre for Immunisation and Respiratory Diseases Director, Dr Anne Schuchat, claims that the vaccine may also protect unvaccinated children as the decline in new infections is "greater than expected based on the protective effects of the vaccine alone". (Reference: *NCIRS Immunisation News for June 2008*)

Reminder - Rota Teq dose 1 must be given no later than the end of the 12th week of age with dose 3 completed by the end of the 32nd week of age.

Managing your vaccines during a power failure

A fridge can experience a power failure when least expected, for example the power may be accidentally disconnected (unplugged) or supply may be interrupted during a blackout. These possibilities highlight the importance of **checking a fridge's temperature at the start and finish of every working day**.

Recorded temperatures will be used to assess the viability of vaccines if they have been exposed to temperatures outside 2-8 degrees.

During a power failure:

- The fridge door should remain closed
- The temperature of the fridge should be monitored
- An alternative storage arrangement should be available if vaccines are at risk of being exposed to temperatures outside 2-8 degrees

If the fridge records temperatures outside 2-8 degrees then isolate the vaccines and contact the Immunisation Section to discuss further action.

For further information refer to *Strive for 5*, page 26.

Revaccination with 23vPPV

For people 10 years of age or older, a maximum of 3 doses (ie 2 revaccinations) of 23vPPV is recommended for people with 'at risk' factors including those with underlying chronic medical conditions or smokers.

The first revaccination may be offered 5 years after the first dose and the second revaccination either 5 years after the first revaccination, or at 65 years of age whichever is the later.

If you wish to discuss the recommendation further, please contact the Immunisation Section or refer to pages 246-248 of the Australian Immunisation Handbook (9th Edition).

Although 23vPPV is recommended for many 'at risk' groups it is only funded for:

- Individuals aged 65 years and over
- Aboriginal and Torres Strait Islander (ATSI) people aged 50 years and over and those ATSI people aged 15-49 years who have underlying chronic medical conditions or is a smoker.

Reference: Pages 246-248 *The Australian Immunisation Handbook (9th Edition) 2008*.

Immunisation Questions and Answers

Q For Infanrix hexa, what batch number are we supposed to record as there are 3 batch numbers included, one on the box, one on the syringe and one on the vial; all are slightly different?

A Record the batch number on the outside of the box. This number identifies all contents within the packaging.

Q Does the HPV (Gardasil) course need to be recommended if the previous dose was given more than 12 months ago?

A No. There is no need to recommence the course. The recommendation is that the course is completed within 12 months of commencement, but if this time frame is exceeded, it is recommended to continue with the remaining doses ensuring you observe the minimal interval between doses.