



Sharp and to the point

Quarterly newsletter produced by the SA Immunisation Coordination Unit

Cold Chain Management 2005

The introduction of new vaccines to the Australian schedule on 1 November 2005, as well as the imminent release of new Cold Chain guidelines makes it timely to review the management of the vaccine Cold Chain by providers.

Effective cold chain management is an important feature of a quality immunisation program and the maintenance of an effective vaccine cold chain reduces the risks of damaging vaccines as well as reducing the risks of administering vaccines that are not potent. Vaccine efficacy affects the herd immunity in a community and plays an important role in controlling the incidence of vaccine preventable diseases.

Different vaccines are adversely affected by different storage conditions. The most common adverse storage condition is for vaccines to be stored in conditions at or below 0°C.

New Cold Chain Guidelines 2005

Following the National Cold Chain workshop in QLD in June 2004, new National Cold Chain guidelines were developed. These are currently being endorsed by NHMRC and will be released soon. They are available online: www.immunise.health.gov.au

Major changes include:

- Do not remove packaging
- Store in closed containers rather than open weave baskets
- Domestic and bar fridges no longer recommended
- Record temperatures twice a day

Providers can expect to receive more information on these guidelines and the temperature calendar from SAICU when they are released.

Contact SAICU 8226-7177 or your Local Immunisation Coordinator in the Divisions of General Practice if any vaccines are exposed to temperatures outside the range of 2°C - 8°C and are not related to the opening of the fridge door. Vaccine wastage can be reduced by ordering vaccines wisely and maintaining an effective cold chain.



Vaccines are considered to be damaged at 0°C.

Vaccines unstable at room temperature:

- BCG
- MMR
- OPV
- Varicella
- Yellow Fever
- all reconstituted vaccines

Vaccines damaged by freezing:

- diphtheria-tetanus-pertussis combinations
- HIB
- Hepatitis A and B
- Influenza
- Pneumococcal
- Meningococcal C conjugate
- vaccine diluents (water)

Vaccines damaged by light exposure:

- BCG
- reconstituted MMR
- OPV
- Varicella
- IPV combination vaccines
- Meningococcal C conjugate
- Yellow Fever

STOP PRESS

- The catch-up period for the Prevenar vaccine for children born in 2003 and 2004 finishes on 31 December 2005.
- The SAICU telephone service will be changing from 1 January 2006 and will be 9am - 4.30pm Monday to Friday.
- Meningococcal C vaccine is now available from all providers until 30 June 2006 for all those born from 1 January 1984 and are at or over 12 months of age.

What's in this issue?

WE HAVE FEATURES ON Cold Chain Management and the Immunisation Program for New Arrival Refugees. Also in this issue - childhood immunisation schedule starting on 1 November; School-Based Immunisation Program; what's new on the web; Q Fever program ends; SAVeS update; Questions & Answers; consent resource evaluation and SAICU staff photo.

This newsletter is developed by the South Australian Immunisation Coordination Unit. From October 2005 the newsletter is being distributed quarterly in a larger format so that additional items can be included in each issue. Dr Michael Gold (Paediatric Immunologist) will become a regular contributor. If you have any questions, interests or concerns let us know. Contact: cathlyn.mcinnis@health.sa.gov.au.



The New Arrival Refugee Immunisation Program-NARI

THE PROGRAM officially commences in November. It is a partnership between the Refugee Health Service and 4 local councils, funded by SAICU. The aim is to achieve good health outcomes for newly arrived refugees through a timely, coordinated, accessible and culturally responsive immunisation service, to children and adults (note that on 4 October 2005, Migrant Health Service became the Refugee Health Service - RHS).

Five immunisation clinics will be offered each month. The times and sites will be staggered for accessibility and interpreters will be available.

The clinics will be held in areas with the highest numbers of new arrivals; Enfield, Cowandilla, St Peters, Woodville and in the city at Refugee Health Service. New arrivals will have an initial assessment of their immunisation status, and commence a catch up schedule. This information will be sent to the most appropriate site and clients will be directed to that site.

The local providers will send information to the RHS, where a database will be maintained.

All involved are very enthusiastic about the program. There has also been a lot of interest from other service providers. An information session for those interested is planned once the program has commenced.

In the meantime, any queries can be directed to Peri at the RHS on 8237-3918.

School Based Immunisation Program

THE SCHOOL BASED Immunisation Program is starting to wind down for 2005.

Currently the School based Immunisation program delivers dTpa (Boostrix) and Hepatitis B (H-B VaxII) to all Year 8 students across SA.

From 2006 the Varicella zoster (chickenpox) vaccine will be offered as part of a catch-up program to all students in Year 8 who have not had the clinical disease or who have not previously been vaccinated with this vaccine.

If the parent/guardian is unsure if their child/student has had chickenpox disease or chickenpox vaccine, then it is quite safe to vaccinate this student on the basis that the vaccine is well tolerated in seropositive individuals.

Remember, two doses are recommended after the 14th birthday. This is because the response to a single dose decreases progressively as age increases. For this reason, it is recommended that the Varicella vaccine be administered in the first school visit with the first hepatitis B dose and the Boostrix to be administered at the second visit with the 2nd hepatitis B dose.

As previously, ONLY local government immunisation providers, or their sub-contractors, are to administer this vaccine as part of the School-Based Immunisation program. If the student is not vaccinated at school, then it is recommended that they receive the vaccine at their local council.



- The new order form for vaccines is now being used. Please discard all old forms.
- Varicella is available for children who turn 18 months on or after 1 Nov 05 (born from 1 May 2004).

On the web

- The Immunisation calculator is being re-developed and will be antigen based. The redevelopment will incorporate the new schedule changes for Nov 2005 as well as an area for indigenous vaccines. The immunisation calculator also now includes the facility for a response when an email address is included in the sent message. The address for the Immunisation calculator is also on the new SA schedule www.health.sa.gov.au/immunisationcalculator/
- There is a Consent poster for Clinics to alert parents of the existence of the Consent folder for their use. Providers could place it in the waiting room or at the desk to alert people waiting for immunisation. The 'Consent poster for clinics' has been placed on the web (in the 'information for provider' section) at : www.dh.sa.gov.au/pehs/immunisation-index.htm
- Travel advisory advice on Avian Influenza for travellers can be obtained from www.smarttraveller.gov.au/ or by phoning the Department of Health and Aging on 1800 004 599.

National Immunisation Program: Childhood Schedule

South Australia - 1 November 2005

THE CHILDHOOD SCHEDULE commencing 1st November is outlined in the table following. Changes to the vaccines are: Infanrix/IPV contains Diphtheria, Tetanus and pertussis with polio. Comvax is a combination vaccine of Hib and Hepatitis B. Hepatitis A is now part of the Indigenous immunisation program. Varicella is included at 18 months and in the Year 8 school program.

Birth		Hep B				
2 mth	Infanrix/IPV	Comvax	Prevenar			
4 mth	Infanrix/IPV	Comvax	Prevenar			
6 mth	Infanrix/IPV		Prevenar			
12 mth		Comvax		MMR	Men C	
18 mth				Varicella		
18 mth						Hep A*
2 yrs			Pneumovax 23*			Hep A*
4 yrs	Infanrix/IPV			MMR		

*Additional vaccines for Indigenous Australians

Resources for providers and the Public for November 2005 schedule changes will be available from the Australian Government and SAICU. Each body has developed specific resources and duplication has been minimised.

From the Australian Government (<http://www.immunise.health.gov.au/>):

- Fact sheet for parents - National Varicella (Chickenpox) Vaccination program
- Immunisation Provider Guidelines - National Varicella (Chickenpox) Vaccination program
- Immunisation Provider Guidelines - Replacement of oral Polio Vaccine with Inactivated Polio Vaccine
- Tear off pad - National Varicella (Chickenpox) Vaccination Program - Information for parents and guardians

Letters are being sent to Parents and General Practitioners in mid October.

From SAICU:

- A3, A4 posters of new schedule. The schedule for Indigenous South Australians is incorporated in the SA schedule resources. Posters will be available from LICs and SAICU.
- Fact Sheet for Public - Q&As about the new Hepatitis A Vaccination Program and Varicella.
- Fact sheet for the public about the new schedule.

Photo right: SAICU team.

There have been changes to the staff at SAICU in 2005.

Standing L-R: Linda Foord, Sue Lewis, Trish Harris, Maureen Watson, Cath McInnes, Luda Molchanoff.
Front: Merridie Macaitis and Kae White.

SAICU would like to acknowledge and thank providers for their patience during the transition period for the changeover to the new vaccines.



Q Fever

THE FUNDED Q fever Management Program in South Australia has now come to an end.

2,003 doses of vaccine were distributed during the period of April to September 2005.

There are now 70 authorised Q fever vaccine providers in SA. The list is available on line: www.dh.sa.gov.au/pehs/ (go to Immunisation then Q Fever Providers).

All Q fever Vaccine Providers have been contacted with this information and will receive information formally in the mail.

Supply of Q fever Vaccine and Skin Test will now be available for purchase from the following surgical wholesalers:

- Cottman Australia:
Ph. 8375-0000
- McNeils Surgical:
Ph. 8363-0888.

Congratulations!!

To providers for boosting the Meningococcal C coverage rates in the younger school age group. SA leads the country in this group with 73%.

SA Vaccine Safety (SAVeS) Data Linkage Project



YOU MAY RECALL THE SAVES PROJECT was introduced in the November 2004 issue of Sharp and to the Point. It aims to evaluate the feasibility and acceptability of using data linkage to monitor the safety of vaccines in SA.

UPDATE: Many, many thanks to those who completed the 1st SAVeS Immunisation Provider Survey about Vaccine Safety last year (see the March 2005 issue of Sharp and to the Point for the results).

In November we will be sending out the 2nd Immunisation Provider Survey to all South Australian providers. We really need to hear from you so we can get similar return rate of 80% this year. Even if you completed the survey last year - PLEASE take 5 minutes to jot down your feelings again.

Community focus groups have also started - these aim to explore privacy and vaccine safety more fully, and to discuss some of the issues which were raised in the surveys.

If you would like to register your interest in attending the focus groups, or would like further information about the SAVeS Project call Sarah Dugdale on (08) 8226-7195 or sarah.dugdale@health.sa.gov.au or visit <http://www.dh.sa.gov.au/pehs/saves-home.htm>.

STOP PRESS STOP PRESS

Varicella

VARICELLA is recommended from 12 months of age, but is on the National Immunisation Program Schedule at 18 months of age. It is preferable for the vaccine to be delivered at 18 months of age as studies have shown that immunogenicity is optimal at this age.

The Australian Childhood Immunisation Register (ACIR) will consider it a valid dose if given from 12 months of age. Any doses given at less than 12 months of age will not be considered valid.

Our previous communication to providers has stated that the Varicella Encounter Notification at 18 months of age would be three dollars (\$3). This has now been amended; the payment will now be six dollars (\$6).

The Consent Resource Evaluation

THE CONSENT RESOURCE Folder 'Immunisation - What you need to know before you consent' including an evaluation form, was distributed to all vaccine provider sites in the week commencing 6 June 2005. A total of 116 evaluation forms were returned by the 13 July 2005 and many providers and clients have expressed their appreciation.

The respondents to the survey included 18 GPs, 76 nurses, 2 clients and one unknown. Of these, 116 believed the layout and presentation was user friendly, 116 believed the content was relevant and 115 believed the resource would be useful to their practice. One person believed that parents would not read the resource therefore it would not be useful.

Suggestions to improve the resource were also made. They included supplying more information on adult immunisation, adding the number of doses for the vaccine course, giving the timing of booster doses and advertising to parents/clients the availability of the consent resource.

A Consent Resource poster has been developed. See 'On the Web' for information on how to access it.

Immunisation Questions & Answers

Q Varicella - what to do if parents request the vaccine earlier than 18 months?

A The parent can be advised the vaccine is recommended on the new schedule from 18 months. This is because the vaccine has a greater immune response when given from 15 months of age. Parents will need to purchase the vaccine if requesting the vaccine before 18 months of age.

If a child is older than 18 months of age on 1 November 2005 they are not eligible for the funded varicella vaccine and parents will need to purchase the vaccine.

Q If a child has commenced immunisations in another state or territory, how is the 'catch-up schedule' completed?

A Providers can ring SAICU for catch-up advice. The immunisation schedule being followed in SA is also the same in Vic and Qld, NSW will use hexavalent (6 in 1) vaccines. The NT is using Pentavalent with PedvaxHib and WA will have a split schedule for Indigenous children.

Q If a child has had their immunisations at 2, 4 and 6 months, what will happen after 1 November and the introduction of Comvax (HepB/Hib) at 12 months?

A From 1 November, the old schedule is completely interchangeable with the new schedule. Children who commenced on old schedule can be transferred to the new combination vaccines.

If they are due for the 6 month vaccines, then the Hep B will be omitted and given at 12 months of age with the Hib vaccine as Comvax.

The NIC recommendation for children coming in for the 12 month vaccines (having already had the 3rd Hep B at 6 months), they can be safely given the Comvax at 12 months. These scenarios will only occur in a small number of cases for a short period.