



Sharp and to the point

Quarterly newsletter produced by the SA Immunisation Coordination Unit

Human Papilloma Virus (HPV)

IN 2006, there will be approximately 800 new cases and around 300 deaths attributable to cervical cancer in Australia. Cervical cancer is the second most common cancer in women.

Over 100 types of HPV have been identified and approximately 40 affect the genital area. Papilloma viruses may cause **warts**, or papillomas, which are **benign** (non-cancerous) **tumours**.

HPV are common, extremely contagious sexually transmitted diseases. Commonly spread through sexual contact with infected partners. Increased risk factors for HPV infection include:

- Many sexual partners;
- Having sex early (before age 16);
- Smoking;
- Having other sexually transmitted diseases (STDs);
- Having an impaired immune system.

Around 75% of the adult population become infected during their lifetime. Over 50% of all sexually active females will become infected with at least one HPV type. Most HPV types are asymptomatic and will disappear.

Cervical cancer in women is commonly caused by types 16 and 18. These types are also linked to cancers of the anus, vagina and vulva. Types 6 and 11 can cause genital warts in both sexes. (These 4 types are all covered in the available HPV vaccine)

Approximately 90% of women with HPV infection become HPV-negative within two years. As the **immune system** of most women will usually suppress or eliminate HPV.

10% of women who are infected with HPV develop persistent HPV infection and are at greatest risk of developing high-grade cervical cancer precursor lesions (cervical intra-epithelial neoplasia or CIN 2, 3) and cancer. HPV is found in 99.7% of all cervical cancer cases.

Many women with transient HPV infections may develop mild cytologic (Pap smear test) abnormalities that spontaneously regress.

For further links to HPV and vaccination go to the NCIRS website www.ncirs.usyd.edu.au/facts/f-fact_sheets.html

What's in this issue?

The feature article is on Human Papilloma Virus, the disease and a recently released vaccine.

This issue also includes additional SAICU SDOs for 2006, a disease profile on Varicella, coverage rates to the 30 June, the Uni SA immunisation course and a farewell to Dr Rod Givney as well as regular features.

This newsletter is produced quarterly by the South Australian Immunisation Coordination Unit. If you have any questions, interests or concerns let us know.

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Human Papilloma Virus (HPV) vaccine ~ Gardasil®

GARDASIL® is a recombinant, quadrivalent vaccine which is now available by prescription only. This vaccine is not funded under the National Immunisation Program (NIP).

The vaccine is effective against HPV types 16 and 18 which cause 70% of cervical cancers; and HPV types 6 and 11 which cause approximately 90% of all genital warts.

The HPV vaccination course involves three intramuscular injections administered at 0, 2 and 6 months.

If given prior to any exposure to the four HPV types contained in the vaccine, it is 95-100% effective in preventing:

- pre cancerous cervical lesions;
- pre cancerous vaginal lesions;
- vulval lesions and genital warts.

Gardasil® is indicated for use in girls 9 to 26 years of age and can be given at the same time as other immunisations; with a possibility of being included in the school based program in the future.

Currently the approximate cost for the complete course is \$460.

ACIR

THE ACIR WEBSITE has been updated to allow providers to report encounters where children have received either of the new Rota Virus vaccines, RotaTeq® and Rotarix®.

The vaccine brand names can be selected from "Other" box on the website and you will be prompted to report the dose number. The reporting of Rota Virus vaccines will not attract an ACIR notification payment, and will not be assessed for ACIR or GPII coverage.

DISEASE PROFILE: Varicella (Chickenpox)

CHICKENPOX is a highly infectious viral illness caused by varicella-zoster virus. The virus is spread from person to person by direct contact with the fluid in the spots or by coming into contact with airborne droplets. Varicella-zoster virus can lie dormant within the central nervous system and if reactivated can cause shingles.

The incubation period is 10-21 days. The clinical picture commences with 'cold-like' symptoms, followed by a rash. The rash appears as blisters that crust to form scabs. A person is considered infectious for 2 days before the onset of the rash and until at least 5 days after the rash has first appeared and all the blisters have crusted over.

In childhood chickenpox it is generally a mild illness but it can lead to serious complications: pneumonia, secondary bacterial infections, encephalitis and haemorrhagic complications. It can cause severe illness in children with leukaemia, neonates and pregnant women. In early pregnancy it may cause congenital malformations.

Children born on or after 1 May 2004 are eligible for funded Varicella vaccine to be given no earlier than 18 months of age on the National Immunisation Program Schedule. A catch-up program is available in Year 8 for children who have not already had the vaccine or had chickenpox. (Note: Two injections are required 1-2 months apart for children 14 years of age and older—the second injection is available at a cost from some Council clinics and by script from GPs).

The chickenpox vaccine should not be given during pregnancy and vaccinees should not become pregnant for one month after receiving their vaccine.

A non-immune pregnant person is not a contraindication to vaccinating other healthy children or adults living in the same house.



PHOTO: A child with chickenpox. The lesions are most numerous on the trunk, followed by the arms and legs. Characteristically lesions tend to appear on the scalp/face first, followed by body, then the extremities.

1 Remember! 3

The Immunisation Calculator—
it's as easy as 1, 2, 3!
[www.healthsa.sa.gov.au/
immunisationcalculator/](http://www.healthsa.sa.gov.au/immunisationcalculator/)



The Practice Nurses at the Murray Clinic—Magill

THE Doctors at the Murray Clinic value their 8 nurses. Considerable time has been spent improving the coverage rates. 95% of the 1205 children < 7 years of age attending the practice are now fully immunised. The coverage rate in the ACE Division of General Practice, where they are located, is 87.2%. Doctor's and Nurses' accurately complete the on-line Australian Childhood Immunisation Register (ACIR) encounter forms and discrepancies are cross checked with clinical notes. There is timely review of GPII020A report and recall letters sent to parents of overdue children as well as review of all financial statements to ensure accuracy of the ACIR encounter entries.

Nurse education is kept updated and any new requirements, improvements or recommendations are promptly acted upon and regular Nurses' meetings enable them to discuss ideas to keep informed of changes.

Comment: "We are proud of our record to date and it has the effect of stimulating us all to try even harder."

Each quarter SAICU will send a 'David Jones' quality produce pack to the provider who best fits the values of innovation and best practice in immunisation. Please send nominations to your Local Immunisation Coordinator or . . .

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Australian Immunisation coverage to the 30th June 2006

Table 1: Percentage of children immunised at **1 year of age**, results by State for the birth cohort 1 January to 31 March 2005; assessment date 30 June 2006

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
Fully immunised (%)	90.7	90.1	90.6	90.8	91	93.8	91.8	89.1	90.7

Table 2: Proportion of children immunised at **2 years of age**, results by State for the birth cohort 1 January to 31 March 2004; assessment date 30 June 2006

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Australia
Fully immunised (%)	94.2	91.7	94.4	92.2	92	93.6	93.5	91.3	92.4

University of SA Immunisation Course for RNs

THE University of South Australia in collaboration with SAIC will offer the Immunisation Professional Certificate course in 2007 at a reduced fee.

Currently the cost of the course is \$1,155 inc GST.

Course commencement dates: (Subject to min. 10 student enrolments)

Semester 1- February 26th 2007 Semester 2 - July 23rd 2007

Applications close:

Semester 1 - end January 2007 Semester 2 - end June 2007

Payment due:

Semester 1-February 12th 2007 Semester 2-July 16th 2007

For further information and to download an application form, go to

<http://www.unisa.edu.au/nur/programs/immunis.asp>

Education Sessions: "Immunisation — The basics"

THE AIM of the education session "Immunisation -The basics" is to assist health professionals in developing and/or maintaining their competencies in the provision of immunisation services. This is achieved by increasing the provider's knowledge in theoretical and practical aspects of childhood and adult immunisation. The main components include legislation and consent, cold chain management, vaccine administration, safety and immunisation programs and basic immunology.

If you are interested in attending a session to update your skills and knowledge of immunisation please contact your LIC to register your interest.

Staff movements

Sue Lewis (CNC) is currently on leave for 6 months. Karel Gilligan is on short term placement during this time. Kae White has left for an administrative position at the RAH and Deirdre Doe has started in SAICU as an RN2.

Immunisation Questions & Answers

Q An 11 year old child presents and the parents are requesting varicella vaccine. Is the child eligible for the funded vaccine?

A The Commonwealth has provided funding for a catch-up program for children between 10-13 years of age and the states/territories make the decision as to when this will be done. In SA the vaccine is offered to children in Year 8 as part of the School Based Program offered in local council clinics.

Q A 19 year old, commencing a Health Care Worker training program completed a course of hepatitis B vaccine through the School Based Program when he was in Year 8. He has been requested by the training institution to provide serological evidence to confirm his hepatitis B seroconversion status. How do you confirm this?

A If there is a documented history of a primary course of hepatitis B vaccine but seroconversion status is unknown, a single booster dose of the hepatitis B vaccine (paediatric formulation as he is under 20 years of age), should be given and the recipient tested for anti-HB levels 4 weeks later. (p153, Australian Immunisation Handbook 8th Edition)



Farewell to Dr Rod Givney

AFTER 10 YEARS with ACDCB, Dr Rod Givney has resigned from his position as Director, Communicable Disease Control Branch and will be taking up a position at the John Hunter Hospital in Newcastle, NSW as a Clinical Microbiologist.

We would like to acknowledge and thank Dr Givney for his contribution and commitment to promoting vaccination and public health in South Australia.

On the WWW

- Link to National Centre for Immunisation Research and Surveillance (NCIRS) for:
 - 'Rotavirus' fact sheet
 - Human Papilloma Virus fact sheet and links to siteswww.ncirs.usyd.edu.au/facts/f-fact_sheets.html
- 'Intouch' is the monthly newsletter of the PHAA. It has a national circulation of 2000 and is the focus for public health news and events in Australia.
www.phaa.net.au/intouch/intouch.html

Non-English versions of Understanding Childhood Immunisation available

THE current booklet "Understanding Childhood Immunisation" is now available in other languages. Copies can be ordered by phoning 1800 671 811. They can be downloaded from the Immunise Australia Program website or ordered online at www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/publications.

ALERTS

Cold Chain Failures

- Report any Cold Chain breaches to SAICU – Telephone 8226-7177.
- Do not discard any vaccine until instructed by SAICU – isolate the vaccines and keep them in the fridge until then.

Please check your fridge

SAICU regularly logs refrigerator temperatures for providers if there has been a cold chain breach or there are concerns about the refrigerator's temperature stability.

We are auditing our loggers and some may still be in fridges out there!

If you have a logger in your vaccine fridge (see photo), can you please return it to SAICU at Box 6, Rundle Mall, Adelaide, SA 5000?



School Based Immunisation Program

- The second visit to schools have commenced offering hepatitis B dose 2 and Boostrix vaccines.
- Please send in stats and Certification Statements at the completion of all your second visits.
- Please complete follow-up cards for students that attend local council clinic for follow-up

Reminder for GP's to advise students and parents to attend local council clinic to receive the funded (free)school vaccines.

Reporting Varicella Disease to ACIR

NATURAL IMMUNITY TO VARICELLA can only be reported to ACIR by a medical practitioner and clinical judgement should be used in this instance. A parental history of a child having had varicella is strongly predictive of immunity to varicella. However, it is safe to give varicella vaccine even if a child has had the disease, as the vaccine is well tolerated by those who are already immune to varicella. If a parent is unsure about whether their child has had varicella, it is recommended that they be vaccinated.

If the medical practitioner or the parent is certain the child has had varicella and does not wish to vaccinate, the medical practitioner should notify the Australian Childhood Immunisation Register of this natural immunity, in writing on their letterhead. It is important to notify ACIR in order to maintain a complete record for the child.

Sign of the times (*Little bit of humour*)

... On a Maternity Room door: "Push. Push. Push"

Did you know?

IF children have had the funded schedule vaccines for South Australia at 2 and 4 months of age and changed to Infanrix-Hexa at 6 months, the child will need four Hib doses. The Hib course will be completed when the child has Comvax at 12 months.

Rotavirus vaccines

TWO rotavirus vaccines, RotaTeq® (Merck & Co. and marketed in Australia by CSL) & Rotarix® (Glaxo Smith Kline) are registered for use in Australia and at this time and are available by prescription only. These vaccines are currently not funded on the National Immunisation Program (NIP). As there are currently no NH&MRC recommendations for these new vaccines, the Product Information (PI) should always be consulted prior to administration. SAICU would like to draw your attention to the following key points in the table below:

	Rotarix®	RotaTeq®
Administration Under NO circumstances should these vaccines be injected	Prior to administration reconstitute lyophilised vaccine with diluent in pre filled syringe, to be delivered orally.	Vaccine comes in a ready to use form to be delivered orally.
Recommended course	2 dose course (1 ml/dose).	3 dose course (2ml/dose).
Age at administration	1st dose: between 6 & 14 weeks of age. 2nd dose: between 14 and 24 weeks of age. The minimum interval between doses is 4 weeks. The vaccine course must be completed by 24 weeks of age.	1st dose: between 6 & 12 weeks of age. Subsequent doses at minimum intervals of 4 weeks. The third dose must be administered before 32 weeks of age.
Administration times	Can be administered at 2 & 4 months of age, concurrent with vaccines on the NIP.	Can be administered at 2, 4, & 6 months of age, concurrent with vaccines on the NIP.
Common side effects include	Fever, vomiting, diarrhoea, irritability, loss of appetite, regurgitation of food.	Fever, vomiting, diarrhoea, loss of appetite, irritability.
Costs	A full course can range from approximately \$246.00 to \$356.00.	A full course can range from approximately \$303.00 to \$408.00.