



Sharp and to the point

Quarterly newsletter produced by the Immunisation Section, CDCB

Important Information

New Vaccine Schedule from 1ST March 2008

Infanrix hexa (DTPa/Hib/Hepb/IPV) and Hiberix (Hib) will be added to the childhood vaccine schedule from March 1 2008. Please note that both these vaccines require **particular attention** prior to administration as both require reconstitution.

Reconstitution of Vaccines

It is important that providers are aware of the requirements when reconstituting vaccines. Failure to appropriately reconstitute a vaccine will render the vaccine ineffective leaving the recipient unprotected against the disease the vaccine aims to protect against.

Infanrix Hexa:

- Presents as a turbid white suspension in pre-filled syringe which contain 5 antigens (Diphtheria, Tetanus, Pertussis, Hepatitis B and Poliomyelitis) and a glass vial containing the lyophilised HIB (*Haemophilus influenzae* type b) pellet
- The contents of the syringe must be added to the vial containing the HIB pellet and shaken until the pellet is completely dissolved.

Failure to reconstitute the HIB pellet with the suspension in the pre-filled syringe will result in children either being unprotected against HIB disease or requiring an additional vaccination with a monovalent HIB vaccine.

Hiberix:

- Presents as a white lyophilised pellet accompanied by a vial of sterile diluent
- Reconstitution must be with the diluent supplied.

Priorix (MMR) and Varicella vaccine:

- Requires reconstitution with the specific **diluent provided** for each vaccine as diluent agents may differ.

In the event of diluent being exposed to freezing temperatures, they must be discarded as freezing may cause undetectable cracks in the ampoule leading to contamination. In this circumstance, the Vaccine Distribution Centre (VDC) will replace discarded diluent.

All vaccines should be stored between 2° and 8° C. In the event of a cold chain failure, **vaccines should not be discarded without consultation with the Immunisation Section.**

Providers requiring Water for Injection for medications other than vaccines should purchase it from their chosen medical supplies wholesaler and not use the diluents that are supplied with vaccines.

What's In This Issue?

The Immunisation Section has been busy preparing for the introduction of a New Vaccine Schedule this month. Therefore, this edition features articles on the effect of the New Schedule on Vaccine Storage and Cold Chain, the 2008 influenza season and supply of vaccine. Informative articles on Vaccine Safety, the HPV Vaccine and important information for Yellow Fever Providers, are but some of many highlights contained within.

This newsletter is produced quarterly by the Immunisation Section, CDCB. If you have any questions, interests or concerns let us know. Editor: Kate Walsh Ph: (08) 8226 7177 fax: (08) 8226 7197 email: kate.walsh@health.sa.gov.au

Need Information and Support about Immunisation?

The Immunisation Section is available to take your phone enquiries Monday to Friday 9:00am until 4:30pm.

Vaccine Storage

Recent changes to the National Immunisation Program together with the commencement of the 2008 Influenza season will increase the amount of vaccines that providers will need to store in their refrigerators.

It is important that providers DO NOT overstock refrigerators; vaccines can become less effective or destroyed if they are exposed to temperatures outside of 2-8 degrees. Refrigerator temperatures fluctuate when the refrigerator is over-stocked or understocked.

Vaccine Ordering

Order vaccines that are required for the following fortnight only; this ensures you do not overstock your refrigerator.

Formula for Calculating Vaccine Requirements

Quantity of vaccine required (quantity used in last period)
Minus the amount of vaccine left over from last period
Plus 10% of quantity of vaccine used in the last period (buffer).
= *vaccine required for order*

DID YOU KNOW

Influenza Facts

- In Australia 85 deaths and 4250 hospitalisations are notified each year, 1.2 million Australians aged 18-64 are at risk of serious complications from influenza resulting in:
 - 80,387 GP visits
 - A total cost of \$130 million
- *Only 42% of this group are being vaccinated annually*

Discussing Your Vaccine Order

The Immunisation Section is responsible for the provision of vaccines for the SA Immunisation Program within an allocated budget. The vaccines are distributed across the state on a fortnightly basis. We endeavour to meet all vaccine orders. The best means of determining the amount of stock required by a practice is to use the 'Formula for Calculating Vaccine Requirements', included in this edition. On occasions staff of the Immunisation Section and Vaccine Distribution Centre are required to contact providers to discuss their order. We request your courteous cooperation with this process. If the system did not question perceived anomalies in ordering vaccine stock, the States allocation would be depleted prematurely. In addition there would be inequitable distribution with some providers sitting with unused stock whilst others require a new supply which can not be fulfilled, resulting in children being left unvaccinated. I ask that providers maintain a professional and courteous manner when discussing your vaccine order on the phone with staff.

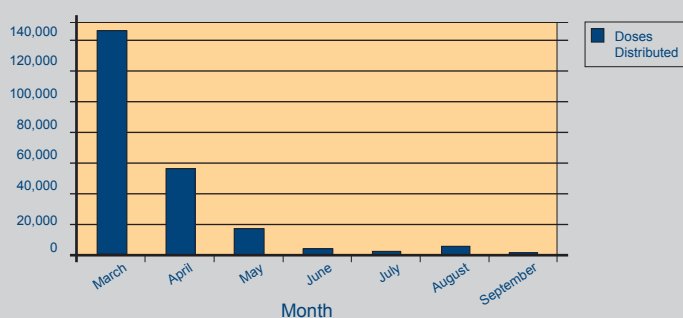
- Maureen Watson

Late Supply of Influenza Vaccine to the PBS and Private Market

CSL have announced that supply of Fluvax into the PBS and the private market will commence in April. Supply of Fluvax for the Government Program has been fulfilled and orders are being processed without delay. The graph below illustrates the distribution rate over the distribution period.

The majority of the stock is delivered to providers in the month of March. Please note that during March the only supply of Fluvax will be Government stock and must only be used for the Government funded program. Leakage of this vaccine into groups who are not eligible will reduce the availability of the vaccine for those who it is intended.

Influenza Vaccine Distribution 65+ Program - 2007



Who Should Have the Flu Vaccine?

Annual influenza vaccination is recommended for any person > 6 months of age who wishes to reduce the likelihood of becoming ill with influenza.

The Influenza Chapter of the 9th Edition of The Australian Immunisation Handbook provides more detail and can be found at: www.immunise.health.gov.au

Paediatric Influenza Immunisation: The 2008 Metropolitan Trial An Update from Western Australia

In 2007 the deaths of 3 children in WA prompted an increase in demand for information about vaccinating children against influenza.

The Communicable Disease Control Directorate (CDCD) in association with the Telethon Institute Vaccine Trials Group (VTG) has negotiated with Sanofi and CSL to provide free influenza vaccination in 2008 to all children aged between 6 months and 5 years in the Perth metropolitan area as a trial to assess efficacy.

The case-control study will run throughout the Perth metropolitan area and will test vaccine effectiveness in young children against 3 levels of severity of influenza infection:

- 1) Influenza infection requiring presentation to the General Practitioner
- 2) Influenza infection resulting in presentation to a paediatric Emergency Department
- 3) Influenza infection resulting in hospitalisation

Enhanced surveillance will be conducted during an approximately 4 month period when influenza is circulating within the community.

This is a major study with potential benefits not just for the target age group but also for the whole community.

Courtesy of *Disease Watch, the Western Australian Communicable Diseases Bulletin, January 2008 Volume 12 No.1*, Department of Health, www.public.health.wa.gov.au.

Influenza Surveillance

It is too early in the influenza season to determine which influenza viruses will predominate or how well the vaccine and circulating strains will match. Early testing indicates that the strains in the vaccine will provide protection.

The Northern Hemisphere

Laboratory testing in the Northern Hemisphere has identified circulating strains since September 2007.

Majority of viruses from 240 isolates tested:

A/Solomon Islands/3/2006

A/Brisbane/10/2007

B viruses - Yamagata lineage (ie Florida strain)

The Southern Hemisphere

The 2008 Influenza vaccine contains the following strains:

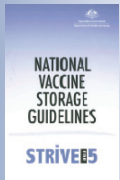
A/Solomon Island/3/2006

A/Brisbane/10/2007

B/Florida/4/2006

Vaxigrip Junior Added to PBS

In January 2008 the PBS approved Vaxigrip Junior®, a new form of influenza vaccine suitable for children up to 35 months of age who are at risk of adverse consequences from lower respiratory tract infections (chest infections).



'Tips for Accreditation' Documentation of Refrigerator Temperature Chart

When documenting your refrigerator's temperature at the beginning and end of each clinic or working day; it is important to document temperature excursions outside of 2-8 degrees on the flip side of the month in which you have recorded the temperature.

It may be time for you to revisit the basic principles of vaccine storage management. Is it time to look at purchasing a larger or 2nd refrigerator to meet the needs of your practice? You will find guidelines and suggestions for storing vaccines and how to choose a purpose built refrigerator in the 'National Vaccine Storage Guidelines' available at: www.immunise.health.gov.au

Example:

If the refrigerator goes higher than 8 degrees because you are restocking the refrigerator or taking vaccines out for administration, document this on the flip side of the temperature calendar. This is particularly important for accreditation purposes.

Vaccine Safety

Vaccines provide high levels of protection against many infectious diseases and, like any medication, can cause side effects. All vaccines in Australia have been extensively tested and evaluated for immunogenicity and safety prior to approval. This evaluation takes place during vaccine development, comprises vaccine trials on a number of healthy people, and a short period of follow-up safety assessment.

Post licensure surveillance, once vaccines are approved by the Therapeutic Goods Administration (TGA) and in use, it is critical for ongoing safety assessment. In Australia, post licensure monitoring of vaccine safety is the responsibility of the Adverse Drug Reaction Advisory Committee (ADRAC). In SA, the Department of Health collects and reviews reports of Adverse Events Following Immunisation (AEFI) prior to notifying ADRAC.

An effective safety surveillance system requires immunisation service providers, parents or vaccinees to notify any adverse event following immunisation that the person reporting considers to be serious and possibly related to vaccination.

The NHMRC definition of an AEFI is: '*an unwanted or unexpected event following immunisation. Such an event may be caused by the vaccine or may occur by chance after immunisation (i.e. it would have occurred regardless of vaccination)*'.

In SA, reporting of an AEFI can be made to the Immunisation Section (ph) 8226 7177, or fax a completed form to 8226 7197.

Copies of the AEFI reporting form are also available online at: www.dh.sa.gov.au/pehs

HPV Vaccine and Vaccine Safety Surveillance in SA

The National HPV Vaccination Program commenced in South Australian high schools through the School Based Immunisation Program (SBIP) on 2nd April 2007 and the GP component for young woman 18 to 26 years of age on 1 July 2007. All HPV vaccine AEFI reports received in SA have been followed up and notified to the Adverse Drug Reaction Advisory Committee (ADRAC).

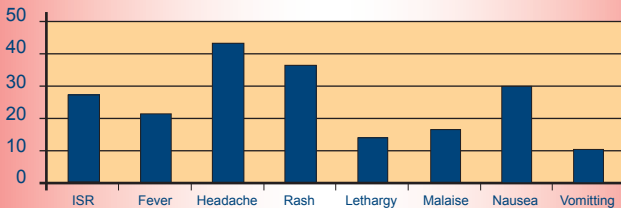
139 Adverse events following immunisation (AEFI) reports for HPV vaccine have been received in South Australia for 2007.

The AEFI reports received indicate the HPV vaccine is safe and well tolerated in the community, and ongoing post licensing surveillance will be maintained in SA.

The most common reactions reported were injection site reactions, headache, nausea and rash (shown below). Two reports of possible anaphylaxis have been reviewed in the Special Immunisation Service clinic. Two seizure reports after both dose 1 and 2 were for the same child that was on medication for a past history of seizures. Other AEFI reports received post vaccination included dizziness, pallor, abdominal pain, sore throat, loss of appetite, slurring of words, numbness of limbs and possible Urinary Tract Infection.

Post licensure information on HPV vaccine AEFI reports in Australia can be found at www.tga.gov.au/alerts/medicines/gardasil.htm This document includes information on national AEFI monitoring, the common AEFI's reported, and the analysis of the anaphylaxis reports received in Australia since release of the vaccine. (updated 10 January 2008).

HPV AE reports 2007



DID YOU KNOW

Influenza Vaccine Facts

- Flu vaccination is the single most important measure in preventing or attenuating influenza infection and preventing mortality
- The vaccine is 70-90% effective in young healthy adults
- The effectiveness of the vaccine is reduced in the elderly and the immunocompromised. Protection for these vulnerable groups includes vaccination of carers and family members
- Health care workers such as nurses, doctors, medical administration staff, catering and cleaning staff etc. receiving the vaccine provide protection to the vulnerable patient they care for.

ATTENTION Yellow Fever Providers

Changes to the International Certificate of Vaccination or Revaccination against Yellow Fever

The International Health Regulations (IHR 2005) have been revised and the World Health Organisation (WHO) has changed the documentation recommendations for Yellow Fever vaccination. Yellow Fever providers will now use new individual Yellow Fever vaccination authorisation stamps specific to their facility. The “International Certificate of Revaccination Against Yellow Fever”, has been replaced by the “International Certificate of Vaccination or Prophylaxis”.

To explain these changes all Yellow Fever vaccine providers have received:

- International Certificate of Vaccination of Prophylaxis record booklets
- Fact sheet
- Letter from the Department of Health

For further information contact Karel Gilligan on 8226 7177.

Immunisation Golden Rule Number 18

All parents/guardians should be given pre and post immunisation advice as per the NHMRC guidelines.

‘New’ Immunisation Consent Resource Folder

The ‘Immunisation consent resource’ folder is currently being updated and will be sent out to all immunisation providers. Once you receive your ‘new’ folder, you will need to discard the ‘old’ folder. Extra copies of the folder will be available through your Local Immunisation Coordinator and the Immunisation Section.

Immunisation:
What you need to know before you consent.

Inform your health provider if you need an interpreter?
أخباركم: هل تحتاجون مترجمًا؟
告知您的醫生/護士，如果您需要翻譯。

Kažite svom doktoru/estri ako vam je potreban prevodilac
告知您的醫生/護士，如果您需要翻譯。

Informirajte doktora/estru ako vam je potreban tumač
告知您的醫生/護士，如果您需要翻譯。

Lekke dictordu awu raan lui paan akim yin kor raan bi war thok.
告知您的醫生/護士，如果您需要翻譯。

Laati kin dia laai mi gooi yoo ba Ji Luoc thok.
告知您的醫生/護士，如果您需要翻譯。

Informirajte doktora/estru ako vam je potreban tumač
告知您的醫生/護士，如果您需要翻譯。

Si necessita un intérprete, infórmele a su médico/a o a enfermera
告知您的醫生/護士，如果您需要翻譯。

Nếu cần thông dịch viên, xin hãy nói với bác sĩ / y tá của quý vị
告知您的醫生/護士，如果您需要翻譯。

If your client requires a telephone interpreter please phone 131 450

Innovation and Best Practice in Immunisation



Pukatja Clinic

Pukatja (Ernabella) clinic is part of the Nganampa Health Council. Nganampa Health Council has maintained coverage rates above 90%. It is situated in the APY Lands in the Musgrave Ranges.

The clinic offer Health Services for the surrounding communities; the remote locations of the clinics can present many hurdles when delivering immunisation programs, especially cold chain management.

The Pukatja Clinic has been awarded the Innovation & Best Practice award for their efforts during a recent mechanical failure in one of their vaccine fridges. Staff at the facility identified early the failing fridge due to their practice of cold chain management. Long distance support from technicians enabled staff to repair the fridge and resolve the problem.

The Immunisation Section would like to recognise the knowledge and dedication of staff at the Pukatja Clinic towards providing safe and effective vaccines to their community. Congratulations!

Each quarter the Immunisation Section 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 Kate Walsh ph 8226 7177 or email kate.walsh@health.sa.gov.au

Do You and/or Your Colleagues Need an Immunisation Update?

Contact your Local Immunisation Coordinator (LIC) to organise an education update. Your LIC can come into your place of practice and talk with you as a group or one on one; this is a great way to discuss your concerns and ask questions about the recent schedule change and anything Immunisation. There are 14 Local Immunisation Coordinators across South Australia, they are located within Divisions of General Practice – find out which division is closest to you by contacting SA Divisions Inc on 8271 8988 or www.sadi.org.au

Q & A Gardasil- Recommended intervals between doses.

Q Can you give dose 3 of Gardasil anytime after dose 2, if the interval between dose 1 and 2 was longer than 2 months?

A The minimal interval between dose 2 and 3 of Gardasil is 3 months. If there has been a longer than recommended interval between dose 1 and 2, dose 3 can only be given 3 months after dose 2, according to the Gardasil product information and NHMRC recommendations.