

# Sharp and to the Point

Quarterly newsletter produced by the Immunisation Section, SA Health

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This newsletter is produced quarterly by the Immunisation Section. If you have any feedback or comments on what you would like to see in future editions; or would like to receive further copies or have your name removed from our mailing list, please contact Sara Almond on phone (08) 8226 7177, fax (08) 8226 7197 or email [sara.almond@health.sa.gov.au](mailto:sara.almond@health.sa.gov.au).

## Vaccine recommendations for HCW's

### What is accepted as "demonstrated immunity"

The current Immunisation Guidelines for Health Care Workers in South Australia and The Australian Immunisation Handbook 9th edition recommend health care workers be vaccinated or demonstrate immunity against various vaccine preventable diseases, including measles, mumps, rubella and pertussis. This article focuses on acceptable evidence of immunity for these diseases and answers questions commonly posed by vaccine providers.

For measles, mumps and rubella, immunity can be demonstrated by documented evidence of vaccination, previous infection or by serology. For measles, those born before 1966 are also considered to be immune. The only acceptable evidence of pertussis immunity is documented evidence of receipt of a pertussis containing vaccine in the previous ten years. The table below details the evidence required to demonstrate immunity to each of measles, mumps, rubella and pertussis.

### Acceptable evidence for immunity to measles, mumps, rubella and pertussis infection for health care workers

<b>Measles</b>	<ul style="list-style-type: none"> <li>• Presence of measles antibody (IgG)* on serology or documented evidence of 2 measles vaccinations at least one month apart given after 12 months of age; or</li> <li>• born before 1966; or</li> <li>• documented evidence from a medical practitioner of prior measles infection (with the diagnosis having been supported by laboratory evidence).</li> </ul>
<b>Mumps</b>	<ul style="list-style-type: none"> <li>• Presence of mumps antibody (IgG) on serology; or</li> <li>• documented evidence of 2 mumps vaccinations at least one month apart given after 12 months of age; or</li> <li>• documented evidence from a medical practitioner of prior mumps infection (with the diagnosis having been supported by laboratory evidence).</li> </ul>
<b>Rubella</b>	<ul style="list-style-type: none"> <li>• Presence of rubella antibody (IgG) on serology; or</li> <li>• documented evidence of 2 rubella vaccinations at least one month apart given after 12 months of age; or</li> <li>• documented evidence of prior rubella infection (with the diagnosis having been supported by laboratory evidence).</li> </ul>
<b>Pertussis</b>	<ul style="list-style-type: none"> <li>• Documented evidence of pertussis booster vaccination in the previous 10 years.</li> <li>• Serology is not recommended to demonstrate immunity either prior to or following vaccination.</li> </ul>

\* For all IgG tests the result will either be positive for presence of antibody, negative (no antibody) or equivocal. There is no quantitative level of IgG that is accepted to demonstrate immunity. Equivocal results should be considered to be negative.



### Is serology necessary if there is documented evidence of previous vaccinations?

No. People who have documented evidence of having received two doses of MMR at least one month apart should be considered immune to measles, mumps and rubella. For these people, serology is not required and should not be tested for to further demonstrate immunity (either before or after the vaccine).

Pertussis serology does not provide information regarding immunity to pertussis and should not be done as a screening test. People who have documented evidence of having received a pertussis booster vaccination in the previous 10 years or have had laboratory confirmed pertussis infection (diagnosed by PCR or culture) in the previous 10 years, do not require further vaccine doses. It should be noted however, that the efficacy of pertussis vaccine is not as high as for other vaccines (such as MMR), and that immunity decreases over time, and so persons who have received a pertussis vaccine or been infected with pertussis in the previous 10 years may still develop pertussis infection.

### What if serology indicates no immunity to measles, mumps rubella (MMR)?

If there is a report of having received two doses of MMR but no documented evidence of the vaccination and there is no evidence of immunity on serology to any one of the three viruses, a dose of MMR should be given. The HCW can then be considered immune to these viruses.

If the HCW has never been vaccinated, two doses of MMR are required unless evidence of immunity to all three viruses can be demonstrated (through serology or documented evidence from a medical practitioner of previous infection with measles, mumps and rubella).

Where there is uncertainty about a person's immunity to any of measles, mumps or rubella, and there are no contraindications to MMR, one dose of MMR vaccine should be given. This would include no documentation of previous doses of MMR and equivocal serology for any of measles, mumps or rubella, in which case an MMR should be given.

### A person had previous evidence of IgG to rubella and/or mumps that is no longer detectable. Is further vaccination necessary?

No. Rubella and mumps antibody levels may decline with time, and may even fall below the level of detection of standard screening tests. Despite this apparent waning immunity, if there has been a positive IgG to rubella or mumps at any time then the person has adequate immunity against rubella or mumps infection. Further vaccine doses are not necessary.

An exception to this is the setting of bone marrow and solid organ transplantation, when pre-existing immunity to VPD is likely to decline following the transplantation. Bone marrow and solid organ transplant recipients require individual assessment regarding their vaccination needs. Further advice can be sought from the Immunisation Section or an Infectious Disease Physician.

## HPV Register continues to accept Gardasil notifications from GPs

GPs are encouraged to continue to notify the HPV Register of administered Gardasil doses. The benefits of ongoing notification are:

- Girls/women will receive a Completion Statement once all 3 vaccinations have been administered and are notified to the HPV Register.
- Girls within the school program, with incomplete courses, will receive a History Statement to remind them to complete the 3 dose course.
- The HPV Register will provide on-line Overdue Dose reports to GPs and public immunisation providers who have registered for on-line access with the HPV Register.
- Providers are able to contact the HPV Register's Telephone Information Service or view on-line the vaccination status of their patient.
- If in the future a booster dose is required, the HPV Register will contact consumers to provide appropriate advice.
- Participation in the HPV Register will assist in monitoring how the HPV Vaccination Program is working and will assist to measure the effect of the vaccine on cervical cancer.

Please contact the HPV Register on 1800 478 734 (1800 HPV REG) for assistance in submitting Gardasil vaccination notifications, or to check the vaccination status of patients. Providers registered for on-line access with the HPV Register, can use the "search" facility to check vaccination status of their patients.

## Gardasil® is now licensed for males aged 9 through 26 years

The HPV vaccine Gardasil® is now indicated in males aged 9 through 26 years for the prevention of external genital lesions (genital warts, penile/perianal/perineal intraepithelial neoplasia) and infection caused by HPV Types 6,11,16 and 18.

Since the introduction of the HPV vaccine, in Australia, the number of new cases of genital warts in women under 27 has decreased by 60%. There has also been a 30% decline of new cases in heterosexual men, likely to be the result of herd immunity from sexual partners.

This is an unfunded vaccine and will require a prescription.

The Gardasil® Product Information is available from the TGA website [www.ebs.tga.gov.au/](http://www.ebs.tga.gov.au/)

(Reference: UNSW The University of New South Wales - Sydney Australia - News - Cancer vaccine's added benefit.htm)

# Polio disease: Why we need to continue to vaccinate in Australia

There is evidence that poliomyelitis (polio) has been affecting humans from ancient times. The earliest evidence of polio disease in humans was found in a 6,000 year old mummified Egyptian priest called Ruma. He was found to have had a withered leg and an equinus foot (an upward contraction of the foot); all typical complications associated with polio disease. Hints of polio disease have also been depicted in historical paintings, such as the 1559 painting by Peter Brugel showing a crippled beggar who was thought to have had polio.

The first clinical description of polio was made in 1789 by the British physician Dr Michael Underwood. He referred to the condition in his notes as "debility of the lower extremities." The first recorded epidemic of polio disease was documented in 1834 in St Helena (off the African coast).

## **In modern times it appears that polio is a diminishing problem; or is it?**

Polio is a highly contagious virus spread via the faecal-oral route and only infects humans. In most people infection does not cause any symptoms. In others it can cause mild symptoms such as fever, sore throat, nausea and abdominal pain. More severe symptoms can cause life long disability or death. Complications of polio can include severe muscle spasms, loss of reflexes, paralysis, myocarditis, pneumonia and pulmonary embolism. Transmission of polio amongst susceptible household contacts will occur in nearly 100% of children and in over 90% of adults.

Vaccination programs against polio have been offered to Australian children since 1939. As a result outbreaks have become a thing of the past, and with the continued high rates of polio vaccination there have been no wild polio virus cases in Australia since 1986. In 2000, it was declared that polio was eradicated from the Western Pacific Region, including Australia. However, in countries where immunisation rates are lower, this disease remains endemic or has been re-introduced.

An outbreak of polio occurred in Tajikistan in early 2010, a country that was certified polio-free in 2002. The disease was imported from India, where polio is still endemic. At the time of the outbreak, Tajikistan had an under-immunised population leading to paralysis in 400 children.

Also in 2010, the Democratic Republic of Congo declared a polio emergency after 201 cases of polio paralysis and 104 deaths had been notified. Routine polio vaccination only commenced in Congo in 1980, targeting children less than 5 years of age, as a result many adults remained unprotected from polio. As the outbreak occurred in a region located in the centre of a large rebel controlled area it was difficult to offer a large scale vaccination program.

Africa has seen an increase in polio activity in both 2009 and 2010 with spread of the disease throughout 24 countries across both West and Central Africa. Countries like Uganda and Liberia have seen the re-emergence of the disease after being polio free for more than a year. In contrast, in Nigeria, where polio is considered endemic, the disease appears to be controlled.

Africa has initiated a massive polio eradication program targeting 72 million people across the continent. The World Health Organisation (WHO) has mobilised 290,000 people to go "door to door" delivering oral polio vaccine (OPV) to all children less than 5 years of age. It is hoped that this massive drive will reduce the likelihood of further polio outbreaks that have caused debility and death in the younger generations.

The WHO's Polio Global Eradication Initiative hopes to generate and maintain funding for continued polio drives in countries still affected by polio disease to eventually eradicate polio and eliminate the need for polio vaccination, as has been achieved with smallpox.

Australia continues to offer polio vaccine to all children, along with other recommended immunisations, ensuring Australia has a highly vaccinated population. The recent polio outbreaks in overseas regions demonstrate the need for continued vaccination programs in polio free countries.

If vaccination rates in Australia were to fall lower than what is required to maintain herd immunity (i.e. approximately 90% of the population) Australia could also potentially see the re-emergence of polio. In 2007, a 22 year old student from Pakistan studying in Australia who was not fully immunised, was hospitalised with polio disease upon returning to Australia from Pakistan.

With high numbers of Australians now travelling abroad and with high numbers of overseas visitors arriving in the country, a highly vaccinated population remains our best defence in avoiding vaccine preventable disease outbreaks such as polio and to protect the general health and well being of our population.



### References:

Polio Global Eradication Initiative:  
Africa seizes chance against polio.

[www.polioeradication.org/Mediaroom/Newsstories.aspx](http://www.polioeradication.org/Mediaroom/Newsstories.aspx)

Polio News 3rd Quarter 2010 Edition [www.polioeradication.org](http://www.polioeradication.org)

Pearson, S (2010) "Smallpox Syphilis and Salvation, Medical Breakthroughs that changed the world" chapter nine: "The March Against Polio"

Reuters Article:

Angola polio outbreak threatens neighbours: WHO  
[www.reuters.com/assets/print?aid=USTRE69037120101001](http://www.reuters.com/assets/print?aid=USTRE69037120101001)

UNICEF – Press Centre

Global Polio Eradication Initiative launches 2010-2012 Strategic Plan for interrupting polio worldwide

[www.unicef.org/media/media\\_54012.html?q=printme](http://www.unicef.org/media/media_54012.html?q=printme)

The New York Times – November 9, 2010-11-18 Congo Republic Declares a Polio Emergency

[www.nytimes.com/2010/11/10/world/africa/10polio.html](http://www.nytimes.com/2010/11/10/world/africa/10polio.html)

The History of Polio [www.cloudnet.com/~edrbsass/poliotimeline.htm](http://www.cloudnet.com/~edrbsass/poliotimeline.htm)

Focus on...

# Influenza

## 2011 Seasonal Influenza vaccine for the Southern Hemisphere

### Who is eligible for free flu vaccine?

- individuals aged 65 years and over
- Aboriginal and Torres Strait Islander people aged 15 years and over
- individuals aged 6 months and over with medical conditions predisposing them to severe influenza or to complications from influenza infection (refer to page 190-191 of the handbook)
- Pregnant women at any stage in their pregnancy

*NB: The Influenza vaccine may also be given to any aged resident of nursing homes and long-term care facilities and homeless people as their prevalence of underlying medical conditions and their living situations predispose them to complications from influenza.*

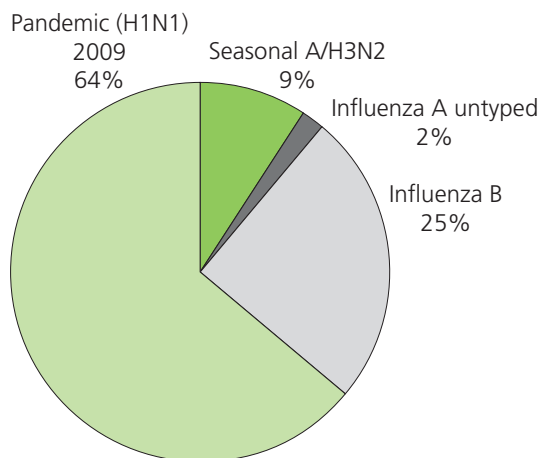
### Pandemic H1N1 2009

In Australia, a total of 44,403 confirmed cases of pandemic (H1N1) 2009 have occurred since May 2009, including 6,767 in 2010.

The WHO has advised that the world is no longer in phase 6 of influenza pandemic alert, and has moved into the post pandemic period. Between April 2009 and 1 August 2010 there had been over 18,449 deaths worldwide associated with pandemic (H1N1) 2009 influenza.

In 2010 H1N1 was the predominant circulating strain (see pie chart). It is expected to remain the predominant circulating strain during 2011 and so the composition of the 2011 vaccine remains unchanged.

### Percentage of specimens tested by sentinel laboratories influenza positive, 1 January 2010 to 5 November 2010, by subtype



SOURCE: Sentinel laboratory data from ASPREN, WA NIC, VIC NIC & TAS Labs

Q

Do I still need the influenza vaccine again in 2011 if it contains the same flu strains as the vaccine I received in 2010?

A

Yes. Vaccine immunity against flu will decline during the year and may be too low to provide protection after a year. Therefore, a "booster" will be necessary to offer optimal protection against influenza disease. Also, according to Dr Nigel Crawford, Paediatrician at The Royal Children's Hospital in Melbourne, there is some evidence emerging that immuno-compromised patients do not respond as well as healthy individuals to H1N1 containing vaccine and therefore it is very important for immunisation providers to encourage the uptake of the 2011 influenza vaccine in the Medically at Risk groups.

Ref: <http://www.health.sa.gov.au/pehs/immunisation/annualprogram-immunisation-sahealth-100210.pdf>

## Influenza vaccine is no longer PBS listed.

### When will providers receive the funded Flu vaccine?

The distribution of funded seasonal influenza vaccine will commence March 2011. This will ensure all SA provider sites have stock for the commencement of the program on 15 March 2011. All appointments and flu clinics should be planned following the scheduled vaccine delivery. Providers are encouraged to order what is required for the 2 week period.

### Influenza vaccine use in children

SA Health recommends the following influenza vaccines to be used in the relevant age groups:

- 6 months to < 3 years of age - Vaxigrip Junior
- 3 years to < 10 years of age - Influvac or Vaxigrip
- 10 years of age and above - Fluvax, Influvac or Vaxigrip

For further information visit; [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

*Intanza® Intradermal 9µg dose Influenza vaccine is recommended for persons 18-59 years of age. This vaccine is not recommended for use in children and adolescents below 18 years of age due to insufficient data on safety and efficacy*

### Pregnant mothers receiving influenza vaccine may have a better foetal outcome

A recent study conducted by Dr Mark Steinhoff from the Global Health Centre at Cincinnati Children's Hospital, demonstrated that infants born to pregnant women who received the influenza vaccine were less likely to give birth to babies small for gestational age.

The study analysed data from 340 pregnant women from Bangladesh, from two groups in their third trimester of pregnancy. The control group received the pneumococcal vaccine, the study group the influenza vaccine.

The results indicate that 38% of babies in the control group were small for gestational age compared to only 26% in the group who received the influenza vaccine. The study noted the incidence of influenza infection was higher in the unvaccinated women, and there was a 200gm difference in birth weights and a 57% reduction in children born small for gestational age in the study group.

(Reference: NCIRS Immunisation Newsbriefs; October 2010 [www.immunize.org/](http://www.immunize.org/))

<http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-ozflu-flucurr.htm>

### Did you know?

The United Kingdom is experiencing an increase in the number of cases of influenza, and at the same time are one of the lowest populations of vaccinated people in Europe. From December 2010, the northern hemisphere UK flu season has claimed 27 people's lives, 24 of which were from the H1N1 strain. Numbers include 18 adults and 9 children.

(Reference: <http://www.medicalnewstoday.com/articles/212486.php>)

## H1N1 Vaccine Coverage Survey Results

In 2010, the Australian Institute of Health and Welfare conducted a national Computer-Aided Telephone Interview (CATI) survey of 6,226 adult respondents to measure:

- Coverage
  - 23% of South Australia's population were vaccinated with the H1N1 vaccine
- Pandemic vaccination uptake
  - nationally, and by state
  - in children
  - in other pandemic vaccination priority groups
- Community attitudes towards the pandemic vaccine, including
  - motivation behind people accessing the pandemic vaccine
  - barriers preventing people from accessing the pandemic vaccine

### Survey results indicate:

- 97.2% of adult Australians had heard of the swine flu vaccine
- 18.1% swine flu vaccination uptake in Australia
- almost 45% of people aged 65 years and over had been vaccinated; compared to only 6% of children 6 months to 4 years of age
- there were more females vaccinated in the 15-19 year old age group and all older age groups
- almost 30% of adults aged 18 years and over reported that they would probably get vaccinated against swine flu before the 2010 winter flu season
- 56.4% of all adults had not been vaccinated and had no intention of being vaccinated against swine flu before the 2010 winter flu season

### Main reasons cited for not getting vaccinated included:

- swine flu was not considered a serious personal health risk (26.7%)
- problems with the vaccine (15.7%)
- vaccination was not considered a priority (10.9%)
- swine flu threat had already passed (11.6%)

The full report can be accessed at: <http://www.aihw.gov.au/publications/phe/128/12096.pdf>



From left to right are: Nurse manager – Sandra Snook, Patty Kalogeropoulos – and Jennie Wainwright

## Innovation and best practice in immunisation

### Congratulations to the *Norwood Village Medical and Dental Centre*.

This large practice provides immunisation for all age groups. The whole patient equivalent for children under 7 years of age who attend for immunisation, as shown on the GPII quarterly practice reports, is consistently above 1,600 children, with many of these children being new migrants who are attending for "catch up" vaccination.

The immunisation coverage rate percentage in November 2008 was 87.9%. However, since then a review of procedures for administering and reporting immunisation using a whole of practice approach has seen a steady improvement with the August 2010 coverage rate being 91%. Procedures now include the use of patient alerts on all files to highlight due or overdue patients who can then have immunisations offered when they next present at the Centre.

Part of this review included the use of a Cold Chain back up plan in the event of power outages. The back up plan involved the use of eskies, ice packs and a portable thermometer to transfer vaccines to another location. Instructions are also available for relevant staff to utilize as required. This was successfully implemented during a storm last year. The back up system saved a large number of valuable vaccines from a cold chain breach.

The Immunisation Section would like to congratulate this team approach to improving and maintaining a quality immunisation service.

Each quarter the Immunisation Section will send a quality gift hamper to the provider who fits the values of innovation and best practice in immunisation. Please send nominations to Sara Almond at the Immunisation Section- (08)8226 7177 or email [Sara.Almond@health.sa.gov.au](mailto:Sara.Almond@health.sa.gov.au).

# Have you heard of the Australian Immunisation Professionals Network?

The National Centre for Immunisation Research and Surveillance (NCIRS) of Vaccine Preventable Diseases – Australian Immunisation Professionals Network (AIP) – is an electronic discussion group designed to facilitate communication between Australian professionals who are involved in immunisation. This includes immunisation professionals working in research, policy, or as immunisation providers. It is modelled on a similar group in the UK.

The NCIRS-AIP provides:

1. News items, publications and meetings of interest
2. Regular updates on immunisation news, and summaries
3. Commentaries on recent papers presented and discussed at the NCIRS Immunisation Journal Club
4. A forum for questions and feedback
5. An avenue for rapid information about media controversies.

NCIRS welcomes all Australian professionals, as well as professionals in other countries who wish to learn more about immunisation in Australia, and/or who wish to communicate their experience.

If you are interested in subscribing to this group, please log on at the NCIRS-AIP – Australian Immunisation Professionals mailing list and follow the instructions.

<http://mailman.ucc.usyd.edu.au/mailman/listinfo/ncirs-aip>

**Provider Question:** If the child gets chickenpox the disease, do we treat it the same as if they got the vaccine e.g. if they had the disease prior to the age of 12 months we recommend vaccination at 18mths, but if they get the disease after the age of 12 months they don't need the vaccination?

**NCIRS-AIP Answer:** If natural disease before 18 months of age – classic confirmed case of chickenpox – considered immune however, giving this child a dose of VZV vaccine at 18 months of age would provide extra immunity but not necessary.

Source NCIRS web page <http://ncirs.edu.au/immunisation/professionals-network/index.php>

## Immunisation – a Global Perspective

Globally, more children have benefited from immunisation than ever before.

### The good news:

Worldwide 82% of all infants less than a year old have received 3 doses of diphtheria/tetanus/pertussis containing vaccine; an increase of 8% since the year 2000. Measles deaths have declined by 78% and polio disease has reduced by 99%.

### The bad news:

Lack of access to health care services means that certain areas still face huge challenges in increasing immunisation coverage rates. Over 23 million children, half of whom live in India and Nigeria, have not received 3 doses of a DTP containing vaccine, in the first year of their lives.

The two greatest causes of death in developing countries in children under 5 years of age are now pneumonia and diarrhoea. Future challenges will need to focus on, not only maintaining existing coverage rates, but also on expanding the delivery of vaccines (such as pneumococcal and rotavirus) as a way of significantly impacting upon and reducing rates of childhood morbidity and mortality.

(NCIRS Newsbrief- The Immunisation Action Coalition)  
[www.immunize.org/express/issue896.asp](http://www.immunize.org/express/issue896.asp)

## Problems with reporting Adverse Events Following Immunisation (AEFI)

The Immunisation Section is receiving AEFI reports from providers that have incomplete information. This requires staff from the Immunisation Section to track down the missing information by contacting the reporter or the reporters place of work. In order to ensure the vaccine safety monitoring system is effective and timely we need providers to include the following on all reports:

- vaccine brand name
- batch number
- site of vaccine administration

To report by phone please contact the Immunisation Section on (08) 8226 7177 or an AEFI form is available on <http://www.health.sa.gov.au/pehs/immunisation-index.htm>. All completed forms can be faxed to (08) 82267197.

### Preterm baby reminder:

Provided they are well and have no contraindications to vaccinations, preterm babies should be immunised according to the recommended schedule at their chronological age i.e. 6-8 weeks of age for their first immunisations. Refer to page 89 of the Handbook.

### **ALERT: Inappropriate administration of Rotavirus vaccine**

Rotavirus vaccine should be administered at the time of presentation together with other scheduled vaccines. Rotavirus vaccine should not be given to parents to take home to administer as any delays in administration will increase the risk of damaged vaccine due to exposure to temperatures outside 2 - 8°C.

## Reduction for Rabies Vaccine post-exposure prophylaxis doses to a 4 dose schedule

As of 28 October 2010, the Australian Technical Advisory Group on Immunisation (ATAGI) has recommended that the Rabies vaccine used for Rabies post-exposure prophylaxis in persons who are immunocompetent and not previously immunised against Rabies can be reduced to a 4 dose schedule (day 0, 3, 7 and 14).

Persons with an immune impairment and who require post-exposure prophylaxis rabies vaccine will continue to receive the 5 dose schedule (day 0, 3, 7, 14 and 28).

Persons who require post-exposure prophylaxis for Australian Bat Lyssavirus (ABL) will also continue to receive the 5 dose schedule (day 0, 3, 7, 14 and 28). This is because there is no data to support the effectiveness of a reduction to a 4 dose course for ABL.

Persons who have received pre-exposure prophylaxis Rabies vaccine will continue to require a further two doses of vaccine for post-exposure prophylaxis (day 0 and 3).

Should you require additional information, please contact the Communicable Disease Control Branch on (08) 8226 7177 (24 hours / 7 days) for advice.

*Note: there is no change to the recommendations for Rabies immunoglobulin.*

## Therapeutic hepatitis C vaccine on way

Scientists are coming closer to the development of a hepatitis C vaccine. Preliminary clinical trials in the UK indicate the therapeutic vaccine can increase the immune response in those already infected with the hepatitis C virus. One hundred people involved in the Oxford trials have shown an increased immune response in T cells. The trials are the first to involve the use of a potentially therapeutic vaccine in combination with drugs used in the treatment of hepatitis C. Paul Klenerman, Research Physician at the University of Oxford, claims a viable vaccine may still be 10 years away.

At a recent symposium organised by Immunology Montreal, Alain Lamarre, Professor in Immunology at the INRS-Institut Armand-Frappier, Laval, Quebec presented "people with chronic hepatitis C – if they are not treated – accumulate tremendous amounts of virus circulating in their bodies. The first goal is to reduce that to a minimal level, and therapeutic vaccines could help."

(Reference: NCIRS Newsbriefs, November 2010-11-26 [www.immunize.org/express/](http://www.immunize.org/express/) "Advances made in developing hepatitis C vaccine" <http://www.eatg.org/eatg/Global-HIV-News/Hepatitis/Advances-made-in-developing-hepatitis-C-vaccine>)

## Questions and Answers

**Q** If a baby receives its first immunisations at 6 weeks of age, when should they return for their next immunisation?

**A** *The NIP schedule recommends the first immunisations are due at 2 months of age but can be administered from 6 weeks of age during exceptional circumstances such as the current pertussis outbreak. It is then recommended that a minimum interval of 8 weeks occurs before the next immunisations are offered to be considered a valid dose from the ACIR. Therefore if a baby is vaccinated at 6 weeks, the next recommended immunisations are due at 4 months of age, but would be accepted 8 weeks after the first doses were given (i.e. when the baby is now 14 weeks old) as the minimal interval of 8 weeks has been observed.*

**Q** Who can provide Yellow Fever vaccination?

**A** *Yellow Fever is transmitted by mosquitoes and is found in tropical regions in Africa, Central and South America. Vaccination is required under International Health Regulations for a valid International Certificate of Vaccination. A list of Approved Yellow Fever Providers in SA is available at the following link: <http://www.health.sa.gov.au/pehs/immunisation-index.htm>*

If Immunisation Providers would like to become authorised Yellow Fever Vaccine providers please contact the Immunisation Section on (08) 8226 7177 as a specific process is required in order to become an authorised Yellow Fever Vaccine Provider. Unauthorised providers can not access Yellow Fever vaccine.

For more information please contact Immunisation Section on (08) 8226 7177 or by emailing [Sara.Almond@health.sa.gov.au](mailto:Sara.Almond@health.sa.gov.au) [www.health.sa.gov.au/pehs/immunisation-index.htm](http://www.health.sa.gov.au/pehs/immunisation-index.htm)



<http://www.gilf.gov.au/>

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