

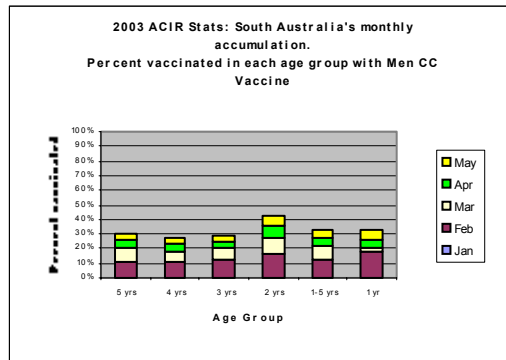


Sharp & To the Point

POINTS TO CONSIDER – MEN CC VACCINATION PROGRAM

- Meningococcal Disease is a rare but very serious illness.
- It has a speedy onset with a high mortality and morbidity rate.
- Meningococcal C disease is less common than serogroup B, however it does account for 2/3 of all deaths from Meningococcal disease in Australia.
- SA has approximately 8-10 cases per year of Meningococcal C disease.
- The Men CC Vaccination Program is a public health measure to not only protect individuals, but to reduce nasopharyngeal carriage and build herd immunity thus protecting all Australians.
- The UK has seen a 90% reduction in cases of Meningococcal C disease since vaccinating virtually the whole population under 18 years.
- As at 31 May 2003 only 32% of 1-5 year olds in SA had been vaccinated against Men C Disease.
- Better uptake of this vaccine was expected and it is disappointing to see such low coverage.
- Reasons for low uptake could include: multiple injections not promoted at one visit and vaccination possibly discouraged because of low incidence of disease.
- ATAGI has advised it is safe and appropriate practice to administer 3 vaccines during one visit.
- Men CC Vaccine is not a live vaccine and can be given the same day as any of the other scheduled vaccines.
- Data collection of those not in 1-5 years cohort is paramount for accurate coverage. Please use forms provided and return to SAICU.

Men C Program funding is for a limited time only. It is important to ensure all target groups are aware of their eligibility for this free vaccine. Please keep parents informed of the need to get children vaccinated in a safe and timely manner.



On no occasion should a vaccine be split. If a person has had a history of split, half or test doses, they should be considered not fully vaccinated and the complete schedule should be commenced for the relevant vaccine.

(ref. 7th ed Australian Immunisation Handbook)

July 2003
Issue 1

Men CC Vaccination Program - Points to consider	1
Profile - Maureen Watson	2
Qs & As	2
Did You Know?	2

Sharp & To the Point

Purpose: to provide up to date information for all immunisation providers in South Australia including medical practice staff, local government and community health services.

Coordinated by SA Immunisation Coordination Unit.

Contributions including 'letter to the editor': If you have something to share that you believe would be of interest to other immunisation providers email to: susan.lewis@dhs.sa.gov.au
Please place this valuable resource somewhere that many interested people can access.

STOP PRESS

SAICU & the UniSA are working towards developing Immunisation Scholarships which will be offered to several Practice Nurses and Council Nurses whose role is to provide immunisations in SA. A scholarship will cover the course costs for the UniSA Professional Certificate in Immunisation. This program is equivalent to 9 units and will run for 16 weeks in 2004. More information in the next issue.

Qs & As

Q. *If two live virus vaccines are inadvertently given less than 4 weeks apart, what should be done?*

A. The second vaccine should be considered invalid and repeated at least 4 weeks after the invalid dose. This is recommended as evidence shows that the immunological response to the second dose may be inhibited. (exception is OPV that can be administered at any time before, with or after measles-mumps -rubella and oral typhoid vaccines) ref. Plotkin S. Vaccines, 3rd ed ,1999, Saunders Co.

Q. *What should we do if a dose of expired vaccine is given to a patient?*

A. The dose should be repeated. If the expired dose is a live virus vaccine, you must wait at least 4 weeks after the previous (expired) dose was given before repeating it.

Q. *Is OPV still offered on the schedule to adolescents?*

A. No. The primary course consists of 3 separate doses of vaccine. Children have a booster at 4 years of age. In 2002 the second booster of OPV usually given at 15 years was discontinued. A fifth dose of polio vaccine is no longer considered necessary because other countries which do not use a fifth dose, such as the USA and UK, have eradicated poliomyelitis.

Useful websites

Australian Department Health and Ageing
<http://www.health.gov.au/pubhlth/>

Immunise Australia
<http://immunise.health.gov>

Public Health SA
<http://www.health.sa.gov.au/pehs/>

DID YOU KNOW?

DTPa, MMR and OPV are due at **4 years** of age. The immunisation coverage for this cohort (72-75 months) is much lower than other cohorts (as of 31 Dec 2002 nationally 82.15% and SA 80.8%). SAICU, in collaboration with providers, is currently identifying barriers and strategies that will assist to improve the coverage. Recall systems and reminders may notify parents of these scheduled vaccines. Please note in 2003 Meningococcal C vaccine can also be given at this age.



When clients request vaccines that require a **prescription** to be completed by the pharmacist, it is important for immediate administration of the vaccine due to the cold chain. SAICU frequently receive phone calls from clients who are unaware of the cold chain standards and have stored a vaccine in their fridge for a period of time awaiting a follow up doctor's appointment. Most domestic fridges are unmonitored and temperatures can fluctuate.

Please remember to notify the client to pick up the vaccine from the pharmacy immediately prior to administration, which will ensure the vaccine remains potent.



To provide **Yellow Fever** Vaccinations your clinic must be approved. Clinics must comply with State and commonwealth requirements before approval is given and the World Health Organisation is notified.

**Contact SAICU
 on 82267177
 for more information**



When vaccines require reconstitution only the **diluent** provided with the vaccine should be used. These vaccines are registered by the Therapeutic Goods Administration using only the specific diluent.

PROFILE -

MAUREEN

WATSON

Manager—SAICU



I have the dubious privilege of being the first personality profiled in the inaugural publication of 'Sharp & To the Point.'

I lay claim to a long but not illustrious career in the health care sector starting way back in 1972 in Scotland where I commenced my nurse training. After completing my midwifery in Edinburgh I was in a career hiatus so spent some time back home with my family in Dumfries for a very brief spell. This proved to be life changing as I met my husband during a game of pub skittles in the local pub frequented by the Infirmary staff. I tried to play hard to get and drifted across to America to work in Parkland Memorial Hospital in Dallas Texas (it was a popular TV program at the time and there was always the possibility I could meet an ageing ailing oil tycoon). Once I had dispelled that likelihood I returned to Scotland to get married. In February 1985 with husband and two children in tow I flew out of London in a raging blizzard and landed in Tullamarine with the sun beating down and 38 degrees. Need I say more. Since then I have worked in both the private and public sector mainly in Victoria in clinical nursing, nurse education, community health and program management.

After moving to South Australia I was lucky to enter the field of Immunisation through the South Australian Divisions of General Practice (SADI). I met Ann Kempe on the second day (another life changing event) and I haven't stopped since.

I have two daughters both at university, aged 22yrs and 19yrs, and a son aged 13yrs. In between studying for my Public Health degree I am pursuing an interest in real estate through regular games of monopoly. I enjoy walking and travel and will read anything involving forensic science or psychology. I make great profiteroles but have never been able to make gravy.

Finally, I feel fortunate to be in the position of SA Immunisation Coordinator of SAICU. I will endeavour to lead South Australia onwards and upwards with high immunisation coverage levels and a superior quality immunisation program underpinned by effective collaboration with all immunisation providers.

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The statewide **SA School Immunisation Program** provides free hepatitis B vaccines to Year 8 students and free ADT vaccine to Year 9 students via school visits. The state immunisation coverage for 2002 for Year 8 Hepatitis B - 83%, for Year 9 ADT - 77% and Year 10 ADT - 73%. This was a fantastic outcome that resulted from the collaborative efforts between providers, schools and parents. In states where no school program exists coverage is much lower. To provide an accurate coverage we require data from school visits and data from medical practitioners for 'those students not being immunised at school'. (cards available from SAICU) The Meningococcal C vaccine is also being offered via the school program and this will extend into primary schools in 2004/2005