



Sharp and to the point

Quarterly newsletter produced by the SA Immunisation Coordination Unit

Parents' experiences of an Adverse Event Following Immunisation (AEFI) in South Australia – A Qualitative Study

BACKGROUND: Public confidence in vaccine safety is integral to a successful immunisation program. The occurrence of adverse events associated with vaccines has the ability to erode public confidence in immunisation programs and in turn, threaten public health. Effective systems are required to monitor the occurrence of adverse events and to provide ongoing support for those who experience an Adverse Event Following Immunisation (AEFI).

Objective: The objective of the qualitative study was to better understand the experience and implications for parents when their child experiences an AEFI.

Results: Parents shared their experiences in relation to their expectations and the impact of the AEFI, their satisfaction with the management of the health services and the information that was available to them prior to and after the AEFI. Most parents were aware that there are risks of experiencing a common side effect following immunisation, however they were not aware of adverse reactions. All parents said that they would continue to vaccinate their children, but with an increased knowledge and a heightened awareness of the risks of adverse reactions. Parents' belief in immunisation remained unchanged. Nonetheless, their satisfaction with the management of health services during and after the event was affected by the interest shown by health professionals and the timeliness of the service. Parents had received varying amounts of information about common side effects following immunisation. They believed that knowledge about vaccine common side effects and adverse reactions is necessary to enhance the immunisation process.

Conclusion: The parents in this study were not deterred from continuing their child's vaccination schedule following an AEFI; however their needs have changed and they now require more information about adverse reactions. Delivery of a timely service by an interested health professional maintained parental satisfaction with the management of the health services.

Susan Lewis

There is a competition for best influenza promotion display so remember to send your photos of your flu promotion displays to jane.pappin@sanofipasteur.com.

What's in this issue?

OUR FEATURE article is an overview of the immunisation research undertaken by SAICU staff member, Susan Lewis during 2005 as part of her dissertation for her Masters of Public Health. Mary-Ann Humphris introduces the Health Care Worker immunisation project. Dr Bob Kass has contributed an article on Hepatitis B and travel. There are some short pieces on maintaining Vaccine Safety in SA through best practice and the excellent vaccine coverage rates achieved for Meningococcal C. SAICU would like to acknowledge the immunisation team at City of Tea Tree Gully and honour them with the best practice and innovation award.

This newsletter is produced quarterly by the South Australian Immunisation Coordination Unit. If you have any questions, interests or concerns let us know. *Editor: Cathy McInnes Ph: (08) 8226 7177, Fax: (08) 8226 7187, email: cathlyn.mcinnnes@health.sa.gov.au*

Health Care Worker Program

THE HEALTH Care Worker (HCW) program is a new collaborative initiative between SAICU and the Children's Youth & Women's Health Service. Funding has been provided for a 12 month period to improve influenza immunisation coverage rates in public health care facilities in South Australia. Mary-Ann Humphris is the Statewide Project Coordinator and is based at the Women and Children's Hospital.

Influenza vaccine has been offered free of charge, to employees of public healthcare facilities since 2000. The voluntary uptake of this preventative health care initiative is suboptimal, requiring review and improvement. The program aims to increase annual influenza vaccine coverage rates and ultimately develop infrastructure that will support rapid and efficient immunisation service delivery to all employees in the event of a pandemic situation. This is in line with the South Australia Immunisation Plan for pandemic preparedness.

On 3 March 2006 Mary-Ann facilitated an information session presenting the pilot program and the model to be used which incorporates a range of strategies to address promotion, service delivery and evaluation, to key personnel involved in the program.

Mary-Ann can be contacted by telephone: (08) 8161 8305 or email: maryann.humphris@cywhs.sa.gov.au. Please phone or email with suggestions or with any queries.

Don't Forget About Hepatitis B In Travellers

By Dr Bob Kass

HEPATITIS B is the 10th leading cause of death world-wide. While unsafe sex, tattooing etc are mentioned as risk activities, it is often not appreciated that in developing countries transmission may occur through unsafe injection practices. In a review of 19 countries in 1999, WHO found 50% injections to be unsafe in 14 out of 19 countries ⁽¹⁾. Five population-based studies attributed 20-80% of all new Hepatitis B cases to unsafe injections.

The recent bus accident in Egypt illustrates well how travellers may enter the medical system in a less developed country. Approximately 10% see a doctor during travel. While it is now easy to cover Hepatitis A and typhoid with a single injection it also important to remember that Hepatitis B is a routine childhood immunisation in Australia. Vaccination against Hepatitis B should always be mentioned where travel to less developed areas of the world is planned.

¹: Simonsen L, Kane A, Lloyd J et al. Unsafe injections in the developing world and transmission of blood-borne pathogens: a review. Bull World Health Organ 1999; 77(10): 789-800.

SA School-Based Immunisation Program

THE PROGRAM has commenced for 2006. The Yr 8 students are now being offered their 1st dose Hepatitis B vaccine and Varicella zoster vaccine as part of the school program. The 2nd dose of Hepatitis B and Boostrix (dTpa) will be offered at the 2nd school visit.

- Local government immunisation providers, or their subcontractors, administer the scheduled school vaccines as part of the School-Based Immunisation Program. If the student is unable to be vaccinated at school they can receive the vaccines at their local council clinics.
- Congratulations! We have reached the targeted number of students to be vaccinated in 2005 at 85% of the cohort.
- Translated school immunisation consent forms are available in a number of languages Amharic, Arabic, Bosnian, Chinese - Simplified, Chinese - Traditional, Croatian, Serbian, Khmer, Somali, Persian, Spanish, Polish, Vietnamese, Russian and Swahili online: www/dh.sa.gov.au/pehs/Immunisation/school-based-imm-program.htm.

Innovation And Best Practice in Immunisation



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 Cathy McInnes at SAICU ph 8226-7177 or email cathlyn.mcinnnes@health.sa.gov.au.

CITY OF TEA TREE GULLY Showbags!- An incentive promoted by the staff for the 4 year old Immunisation visit to be more pleasant for the child and parent. The child focuses on the showbag, rather than the needles! The Immunisation and council services are promoted on the showbags with a Smiley face and 'I've been vaccinated at the City of TTG'.

The contents include a growth chart, balloon, lollies, stickers and colouring-in pages (seasonal eg. Easter or Christmas). TTG have received sponsorship from one of the drug companies.

The showbags are a hit on the 4yo visits to Kindys and Child Parent Centres. One little 4 year old guy at a kindy who didn't need vaccinating kept coming in saying he was sick and pulling up his sleeve saying 'I need a needle' because he wanted the show bag.

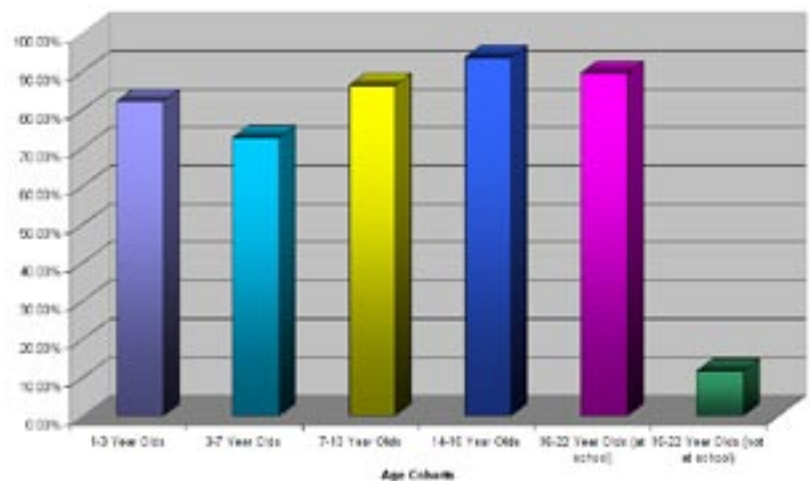
The showbags have been a great success!!

MENINGOCOCCAL C REMINDER

THE MENINGOCOCCAL C Vaccine is on the routine childhood schedule for all children 12 months of age.

The National Meningococcal C Catch-up Program offers free Meningococcal C Vaccine to all children and young people born from 1/1/1984 (and who are over 12 months of age). The graph shows the numbers of children who have already received the Meningococcal C Vaccine 2003-2005.

Meningococcal C vaccination coverage rates for 2005



Actual values:

1-3 Year Olds - 82.28%	14-15 Year Olds - 93.7%
3-7 Year Olds - 72.73%	16-22 Year Olds (at school) - 89.6%
7-13 Year Olds - 86.4%	15-22 Year Olds (not at school) - 11.9%

The National Meningococcal C Catch Up Program will cease at the end of June 2006. Eligible individuals can still access free vaccine from their GP or other immunisation provider until 30 June 2006.

Immunisation: The Basics

Immunisation: the Basics workshops are once again being offered in 2006. If you wish to refresh your immunisation knowledge and skills, then this free workshop may be of interest to you.

The first workshop will be held on Thursday 27 April 9am-3pm, lunch will be provided.

For more information please contact your Local Immunisation Coordinator in the Divisions of General Practice.

STOP PRESS

- Thank You! . . .
to all of the people who had taken the time to respond to the evaluation of the consent resource *Immunisation: What you need to know before you consent*.
- The updated inserts for the resource are available so if you need to update your consent resource contact your LIC or SAICU on 8226-7177.
- The times for the Special Immunisation Services (SIS) held at Flinders Medical Centre have been changed to the 1st Friday afternoon in the month. Appointments can be made by phoning (08) 8204 4910.
- *Understanding Childhood Immunisation* (UCI) booklets will be delivered to all practices. In April, translated UCI's will be available on request.
- The booklet *Myths and Realities* will also be available in other languages to order online <http://www.immunise.health.gov.au/publications.htm> or phone 1800 020 103 (ext 8654)
- Copies of the National vaccine Storage Guidelines *Strive for 5* are available from your LIC and SAICU on 8226-7177.

SA Vaccine Safety (SAVeS) Data Linkage Project

SA VACCINE SAFETY DATA LINKAGE PROJECT (SAVeS)

ANOTHER BIG THANK YOU to the 597 wonderful immunisation providers that returned the SAVeS Immunisation Provider Survey about Vaccine Safety earlier this year. We had an astonishing 76% return rate (equalling last years' rate of 77%).

So what have we found? Preliminary results indicate that there has been no change in provider attitudes over the 2 years, but that there are differences in the way parents and providers answer some questions.

Providers are more likely to think that vaccines are safe, although both groups strongly believe monitoring vaccines is very important. Community members are most likely to want permission asked before data linkage is performed, compared with providers who were most likely to want the data de-identified.

Once finalised, this data will provide an invaluable baseline for Australia and countries with existing vaccine safety data linkage programs and monitoring over time will identify changing attitudes in the 2 groups.

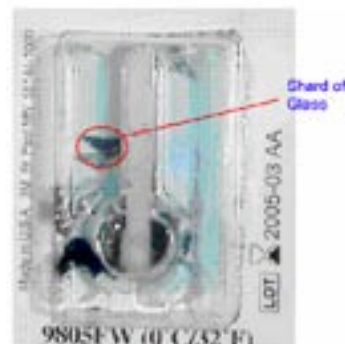
These preliminary results remind us that the community does not share our own confidence in vaccine safety and that consent will be an essential component of any future vaccine safety data linkage projects.

Look out for the finalised data in the July issue of this newsletter, and on the SAVeS website:

<http://www.dh.sa.gov.au/pehs/saves-home.htm>

If you would like further information about the SAVeS Project call Sarah Dugdale on (08) 8226-7195 or sarah.dugdale@health.sa.gov.au.

Cold Chain Tips



FREQUENT OPENING of the vaccine fridge doors can lead to temperature variations inside, which could affect your vaccines efficacy. This is why you should not store food or beverages in the fridge.

Cold Chain Monitoring cards (CCM) activate at 0 degrees and the bulb will break staining the background with dark blue ink (see photo). It is important to note the air bubble, as this is a definite indication that the CCM card has not been exposed to a temperature 0 degrees or below. CCM cards can be kept until the expiry date located on the right hand side of the pictured cards, unless a freeze incident has occurred.

The guidelines now recommend storing vaccines in enclosed plastic containers, in their original packaging in domestic fridges. This is not necessary in vaccine purpose built fridges (see pages 12 and 21 of *Strive for 5* for further information), however it is a further level of protection against the risk of freezing. Please place a CCM card in each plastic container with the vaccines. CCM cards can be obtained from your Local Immunisation Coordinator or SAICU on 8226-7177.

Immunisation Questions & Answers

Q What is the current catch-up regime for Prevenar?

A When the start of Prevenar (7vPCV) has been delayed after 2 months of age, the delayed start and catch-up doses can be given a minimum of 1 month apart for children less than 12 months of age. The interval between Prevenar doses for children over 12 months of age is 2 months. (For information on the 2005 changes to the Australian Immunisation Handbook 8th edition go to http://www.immunise.health.gov.au/handbook_changes.pdf)

Q When is revaccination of Pneumovax 23 recommended?

A A single revaccination 5 years after the first dose is recommended for adults over 65 years and Aboriginal and Torres Strait Islander adults 50 years and older. Generally no further doses are recommended, however Aboriginal and Torres Strait Islander adults 15-49 years with risk factors are recommended to have a third dose. For non-indigenous adults less than 65 years of age with risk factors, recommended but not funded, a single revaccination at 65 years of age or 10 years after the 1st dose whichever is later. For further information refer to page 225 *Australian Immunisation Handbook* 8th edition.

ALERT

Varicella Diluent

THERE have been some reports of the Varicella diluent being given without being mixed with the freeze dried vaccine. All providers need to make sure when administering the vaccines, it is given in the recommended manner. The varicella vaccine is distributed as either a single pack with syringe of diluent and vial in the one pack (below left), or a 10 pack with 10 syringes and smaller box of 10 vials (below right).



Pre-Winter Reminder

IT IS TIME for a pre-winter reminder about free pneumococcal and influenza vaccine for all Australians aged 65 years or over.

With winter approaching, it's time to take action to protect people in this age group from this unnecessary and often life-threatening disease. All doctors and vaccination providers are urged to vaccinate their patients aged 65 years or over for influenza before winter, and ensure that patients in this age group have had pneumococcal vaccine.

The free pneumococcal vaccine can be given at the same time as the free influenza vaccine. The influenza vaccine needs to be repeated each year, but for pneumococcal vaccination a person needs an initial dose at 65 years or older, and then a booster dose five years later.

Detailed information on pneumococcal infections and the administration of Pneumovax®23 is contained in the *Australian Immunisation Handbook* 8th Edition (<http://www1.health.gov.au/immhandbook/>). More general information is available from the *Immunise Australia Program* website www.immunise.health.gov.au or the infoline on 1800 671 811.

An Accident Waiting To Happen?

The increasing complexity of the NIP and vaccines highlight the need to maintain a good understanding of the National Immunisation Program schedule and the correct administration of vaccines. When a mistake is made they are called program errors and can commence with the storage of vaccines.

The cold chain begins from the time of manufacture and ends when the vaccine is administered.

For advice, providers can refer to (1) National Vaccine Storage Guidelines or (2) the 8th Edition of the Australian Immunisation Handbook or alternatively can ring SAICU on 8226-7177.

To apply Best Practice medication management or the six 'Rights' immunisation providers need:

- right client
- right dose
- right drug (vaccine)
- right route
- right strength
- right time.

ALERT

TET-TOX vaccine will cease to be available once current stock holdings are depleted. This is expected to be early April 2006.

"The National Health and Medical Research Council recommends that a vaccine with a combination of tetanus and diphtheria should be used in preference to Tetanus Toxoid alone".

Contact CSL Customer Service for queries regarding product availability and the CSL Medical Department for medical questions. The vaccine will no longer be available as a PBS product for Doctors Bag supply, effective from the 1 April 2006.