



Sharp & To the Point

2004 INFLUENZA VACCINATION PROGRAM

THE 2004 INFLUENZA VACCINATION PROGRAM is due to begin in March. Any stock remaining from 2003 must now be discarded. Free vaccine is available **only** to the following eligible groups:

1. adults aged >65 years
2. Aboriginal and Torres Strait Islanders (ATSI) aged >50 years
3. ATSI aged 15-49 years with the following additional risk factors:
 - a. heart, kidney or lung disease
 - b. asthma or diabetes
 - c. immunocompromised eg HIV infection or cancer
 - d. heavy drinkers
 - e. tobacco smokers

Please Note: NHMRC recommends Influenza vaccination for other groups, however the free vaccine supplied by SAICU is funded by the Australian Government and **must not** be given to those groups. In 2003, 214852 doses of flu vaccine were distributed for the ATSI and +65 programs. The overall coverage for the 65 years and over influenza program in 2003 was 82%, compared to 80% in 2002 and 2001. Estimated distributed vaccine given to non-funded groups has been between 6 and 17% over the past 3 years.

An estimated 4.9% of vaccine remained unused in fridges in 2003, so in an effort to reduce vaccine wastage, please note the following guidelines:

1. place an order each fortnight
2. do not overstock - vaccines require circulating air
3. order only enough vaccine that you can possibly administer in a 2 week period
4. plan your flu vaccination program
 - a. when patients book an appointment, identify if they are eligible for free flu vaccine this will help estimate the number of vaccines likely to be required.
 - b. Use a recall system
5. monitor fridge - a useful guide to prevent freezing is to ensure the temperature reading is approx 6°C at the close of surgery hours.
6. maintain the cold chain when transporting vaccine to other facilities, eg. nursing homes. Refer to the 8th Edition Australian Immunisation Handbook for transport and storage guidelines.

SHARP & TO THE POINT has been developed to provide up to date information for all immunisation providers in South Australia including medical practice staff, local government and community health services. It is being coordinated by the SA Immunisation Coordination Unit but will rely on contributions from all providers. If you have an issue or concern that you believe would be of interest to other immunisation providers please email to susan.lewis@dhs.sa.gov.au

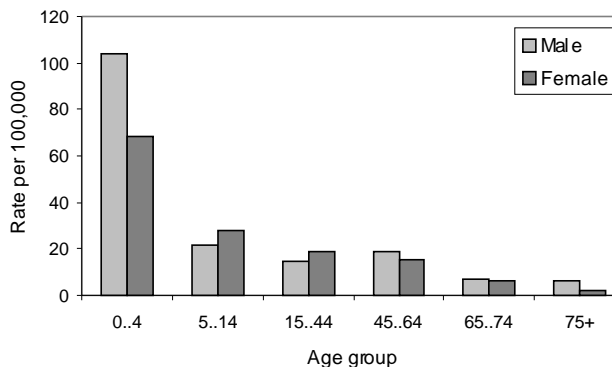
There were 311 laboratory-confirmed cases of influenza disease notified in 2003. A laboratory diagnosis of influenza requires a viral culture, a virus antigen detection or a four-fold antibody titre rise between paired specimens of sera. Clinical diagnoses are provided by the South Australian participants of the Royal Australian College of General Practitioner's Australian Sentinel Practice Network (ASPEN).

January 2004
Issue 3

2004 Influenza Vaccination Program	1
Q & A	2
Did you know?	2
Shortage of Prevenar	2
School Immunisation Program	2

The chart below represents ASPREN data for 2003 and is evidence of the effectiveness of the influenza immunisation program in reducing disease in adults aged >65 years. Influenza immunisation is effective in reducing hospitalisation, pneumonia and death, in the most vulnerable populations, especially residents of nursing homes.

ASPEN Influenza Like Illness, Age by Sex Rate
06/07/2003 - 07/12/2003



STOP PRESS ~ Have you received your Australian Immunisation Handbook 8th Edition?

If you are an immunisation provider you should have received the new edition of the Australian Immunisation Handbook. If not you can contact your Local Immunisation Coordinator within the Division of GPs or order online.

The Australian Government will shortly be mailing 5 copies to each of the major medical schools and teaching hospitals for inclusion in their libraries. Other requests for printed copies from students, the general public and teaching institutions are being directed to the interactive online 8th Edition Handbook. (www.immunise.health.gov.au/handbook.htm).



Q Who is recommended to receive the dTpa (Boostrix)?

A The NHMRC now recommends a single dose of dTpa (Boostrix) for the following groups:

- Adolescents at 15 to 17 years (free vaccine via school program)
- Before planning pregnancy, or for both parents as soon as possible after delivery of an infant
- For adults working with young children
- Any adult expressing an interest in receiving a booster dose of dTpa
- dTpa may be used instead of ADT vaccine at 50 years of age.

Q Why is the dTpa (Boostrix) recommended for the above groups?

A Currently in Australia, over 60% of pertussis notifications occur in persons over 10 years of age. The vaccine has been recommended to reduce the morbidity in those over 10 years of age and to reduce transmission to those most at risk (infants < 6 months of age).

Q Should a dose of dTpa (Boostrix) be repeated?

A Once a single booster dose of dTpa (Boostrix) has been given, subsequent booster doses to the same individual is not currently recommended.

Q Is inactivated poliovirus vaccine (IPV) provided free for all children?

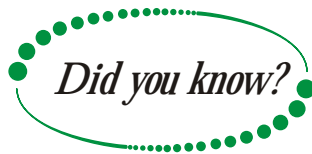
A No. However some immunocompromised individuals and household contacts are eligible for free IPV on a case by case basis.

Please contact SAICU 8226-7177.

Q How does dTpa (Boostrix) differ from other pertussis containing vaccines?

A The vaccine (Boostrix) has lower antigen content than DTPa formulations for children. (see below)

	<i>DTPa (Infanrix)</i>	<i>dTpa (Boostrix)</i>	<i>ADT</i>
Diphtheria toxoid	30 IU	> 2 IU	2 IU
Tetanus toxoid	40 IU	> 20 IU	40 IU
Pertussis toxoid	25 micrograms	8 micrograms	nil
FHA	25 micrograms	8 micrograms	nil
PRN	8 micrograms	2.5 micrograms	nil



The NHMRC now recommends a single dose of dTpa (Boostrix), replacing the dose of ADT (dT) at 15 to 19 years (*level II evidence*). This recommendation is based on evidence that the duration of protection following a primary course and a booster dose of DTP given at 4 to 5 years of age is up to 10 years. (Most adolescents would have either had at least 3 doses of a pertussis-containing vaccine or been exposed to pertussis disease. Therefore if documentation of previous vaccinations is not readily available, it can be safely assumed that a dose of dTpa at 15 to 17 years is indeed a booster dose.)

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The 2004 'South Australian Immunisation Policies' have been distributed to all immunisation providers. Fridge monitoring calendars have been included.

These policies support the SA Immunisation Program and include information about vaccine order procedures and how to access free vaccines for eligible groups. Store them with your other immunisation information so that providers, practice staff and new employees can access the information throughout the year.

Christine Haydon

Immunisation Coordinator

Mid North Division



CHRISTINE is the daughter of German migrants, raised on a dairy farm in the beautiful wine region of Padthaway, Limestone Coast.

I completed General Nurse training at the QEH in 1986 - an eye opener for this country gal. Spent the next 10 years traipsing the Australian countryside nursing. Most of my clinical experience has been in an acute hospital setting, ie Katherine NT, Maryborough VIC, Naracoorte SA and Modbury SA. I completed my Midwifery studies in 1991 at the Modbury Hospital and Bachelor of Nursing through Deakin University in 1995.

In 1996 spent the year with new husband traversing western USA in a Thunderbird, camping out the back of a Volvo for 7 months in England and Europe, including visiting friends and family in der Vaterland. Finally ended up in Africa (Zimbabwe, Zambia, Botswana) for 4 months. We lived with my parents-in-law (missionaries) in Zambia for 3 months, where we joined in with local village life and did all the medical retrievals.

Alas, time has passed (and major travel plans) as we now have two beautiful children, Sam 5 years and Alex 2 1/2 years.

I commenced working as the Local Immunisation Coordinator at the Division in January 2002. The transition from Acute Care Nursing/Midwifery to Immunisation Coordinator has certainly been challenging for me. Achieving Number One status nationally with immunisation rates in the Mid North region after 2 years in this position has been a great thrill for me. Another challenge awaits me though - to complete the Accredited Program for Providers of Immunisation at the University of South Australia this year.

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Prevenar is currently in short supply due to a temporary shutdown of production to upgrade facilities. During the limited period of restricted supply, Wyeth will work in partnership with SAICU to distribute available stocks of Prevenar in the most appropriate manner. Priority has been given to the following groups of infants:

- Those infants that identified as being at highest risk and part of the National Childhood Pneumococcal Vaccination Program.
- Those infants who less than 12 months of age have already commenced vaccination.

Doses of Prevenar are recommended to be given at 2, 4 and 6 months on the Australian Standard Vaccination Schedule. If the recommended intervals between doses are exceeded, the course should continue (not repeated) when vaccine becomes available. Full protection will not occur until all doses are given.

Children who are less than 12 months of age who have already commenced vaccination need to take their script for their remaining doses (2nd and 3rd doses) to their local pharmacy. Pharmacies will need to call Wyeth customer service directly on 1800 700 802 to place an order. Wyeth will ship Prevenar directly to the pharmacy with the patient's initials. Only 2 doses per patient will be supplied.

School Immunisation Program 04/05

The School Immunisation Program provides free scheduled adolescent vaccines to high school students. In 2004/2005 this program will be expanded into all South Australian Primary Schools as part of the National Meningococcal C Catch Up Vaccination Program.

In 2004: students in Years 5-9 will be offered one dose of Meningococcal C vaccine, students in Year 8 will also be offered the hepatitis B course and students in Year 9 will be offered the dTpa (Boostrix) or ADT.

In 2005: students in Years 1-5 will be offered the one dose of Meningococcal C vaccine in a School Program. However some providers may choose to provide the vaccine to all students from Years 1-7 in 2004 depending on the number of students enrolled.

DHS provide funds to councils to deliver the School Immunisation Program.