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## FEATURE

**'Universal Childhood Pneumococcal Vaccination Program' and the 'Pneumococcal Vaccination Program for Older Australians'**

The Australian Government has announced an expansion of the National Immunisation Program by providing free vaccines to protect newborn babies and older people from pneumococcal disease, as well as a catch up program for toddlers.

The pneumococcal vaccine will be available free of charge for all babies born after 1<sup>st</sup> January 2005 and also for all children born during 2003 and 2004.

In addition, from 1 January next year the Government will provide free pneumococcal vaccine to all Australians aged 65 years and older as they are also at increased risk from invasive pneumococcal disease (IPD). In 2002, there were 2271 cases and 175 deaths of invasive pneumococcal disease in Australia across all ages. Of those, 761 cases and nine deaths occurred in children aged under five years. In South Australia, in 2002 there were 176 cases of invasive pneumococcal disease. Of the 70 cases aged less than 5 years, 68.5% (n=48) were aged under 2 years. In SA in 2002 there were 9 deaths from IPD, one of these was a child less than 2 years.

## REQUIRE MORE INFORMATION?

More details are available on the '**Universal Childhood Pneumococcal Vaccination Program' and the 'Pneumococcal Vaccination Program for Older Australians'** in the 'Frequently asked questions'(FAQ) fact sheets for both providers and parents which can be accessed on : [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

These FAQ fact sheets provide answers to questions such as

- Who is eligible for free pneumococcal vaccine?
- When will the free vaccine be available?
- Why is free vaccine not available until 1 January 2005?
- How much invasive pneumococcal disease is there in Australia?
- Are some children still eligible for free vaccine under the current targeted National Childhood Pneumococcal Vaccination Program in 2004?
- Will the new vaccine recommendations affect eligibility for family benefit payments?

The SA Immunisation Coordination Unit will inform providers of the availability of the Prevenar and Pneumovax vaccines in the future issues of the newsletter. For these two new programs the vaccines will not be available until January 2005 however vaccine required for Aboriginal and Torres Strait Islander children and children with specific medical conditions can continue to be ordered via the Vaccine Distribution Centre.

This newsletter is developed by the SA Immunisation Coordination Unit. We are always seeking contributions for the newsletter! What would you like to know? Do you have any issues of interest or concerns that you would like highlighted to other immunisation providers. If so we would like to hear about them: please email to [susan.lewis@health.sa.gov.au](mailto:susan.lewis@health.sa.gov.au) Some items are referenced to page numbers in the 'handbook' which refers to the Australian Immunisation Handbook, 8<sup>th</sup> edition.

## PNEUMOCOCCAL VACCINES

**T**HERE IS A DIFFERENCE between pure polysaccharide and conjugate polysaccharide pneumococcal vaccines.

**Pure polysaccharide vaccine (pneumovax 23)** is not immunogenic in children less than 2 years. Hypersensitivity and hyporesponsiveness occurs after repeated doses. Antibody levels decline after 5-10 years.

**Conjugate polysaccharide vaccine (prevenar)** is immunogenic in children less than 2 years. Prevenar can be given to infants and children aged 6 weeks to 9 years and is the preferred vaccine for children less than 5 years. Conjugated vaccines provide probable long term protection.

## IMMUNISATION EDUCATION FOR PRACTICE NURSES

The development of an educational program for health professionals providing immunisation is underway. Consultation with the Local Immunisation Coordinators in the Divisions of General Practice has taken place with positive feedback about the demand for this resource. The aim of the educational program will be to assist interested persons in developing or maintaining their skills in the provision of immunisation services. This will be achieved by increasing the provider's knowledge in practical aspects of childhood and adult immunisation.

The main modules will include legislation and consent, cold chain management and vaccine administration and safety.

It has been agreed to present the program in two forms: workshop (for those who can manage to join other providers to share ideas) and workbook (independent study). Watch out for the next issue of 'Sharp and to the Point' as it will provide more information about these sessions.

Please note that this educational program is not meant to replace the accredited competency based UniSA course. We have enclosed the pamphlet promoting the UniSA course which can provide negotiated 'credit' from other university courses.

Further information will also be available from the Local Immunisation Coordinators in your Division of General Practice or SAICU on 82267177.



**PROFILE**  
**Patricia Berryman**  
 SA ACIR Field Officer



**Q. What can providers advise parents of low risk children who enquire about pneumococcal vaccine?**

**A.** The NHMRC recommends that:

- 'a catch up program for low risk children aged 3-24 months can be considered and is likely to be especially beneficial for those commencing child care' (pp226 handbook).
- 'pneumococcal vaccine is not considered necessary for low risk children 2 years of age and over.'

**Q. Which vaccine is recommended for children under 5 years of age?**

**A.** The NHMRC recommends that Prevenar is the preferred pneumococcal vaccine for children aged under 5 years (pp 225 handbook)

**Q. How many Prevenar doses are recommended for low risk children?**

**A.** One dose less than that stated in the product information is adequate for children either under 12 months or over 18 months who are not at risk of IPD. (pp234 handbook). The number of doses recommended is indicated in the tables from the Immunisation Resource Kit - Standing Drug Orders.

**Table 1c: Children under 5 years of age without predisposing medical conditions.**

*Recommended Primary and catch-up vaccination schedule when the **start** of Prevenar (7vPCV) vaccination has been delayed.*

Age now		
2 - 6 months	7 - 17 months	18 months - 5 years
3 doses of Prevenar 2 months apart	2 doses of Prevenar 2 months apart	1 dose of Prevenar

**Note:** Boosters are not recommended by Australian Technical Advisory Group on Immunisation for these children.

**Note:** Prevenar is licensed for use in children up to 9 years of age but it is only recommended for children up to 2 years of age.

**Table 2c: Children under 5 years of age without predisposing medical conditions.**

*Recommended schedule when doses have either been **delayed or missed**.*

Age at presentation (months)	Previous vaccination history	Recommended schedule
7 - 11	1 or 2 doses of Prevenar	Give 1 dose of Prevenar now
12 - 59	1 or 2 doses Prevenar given before 12 months	Give 1 dose of Prevenar now

**Q. How should providers record the 4 year old DTPa on the new ACIR 2004 stationery when the child has had the 18 month DTPa?**

**A.** If providers use the 4 year old column on the new encounter forms the dose will report as dose 4, and may be rejected as a duplicate dose against the dose 4 given at 18 months. To prevent this from occurring:

- 1) Providers can keep copies of the IMMU-2 (watermarked 2000) for those children presenting for their 4 year old vaccinations who have had DTPa at 18 months (4 years = Dose 5 DTPa) or
- 2) Providers can record the DTPa dose 5 in the 'other' box on the IMMU-2 (watermarked 2004) - and ensure that they write the brand name and dose number.

*Patricia Berryman; SA ACIR Field Officer*

**I** AM Patricia Berryman the SA ACIR Field Officer. I work with the Local Immunisation Coordinators (LIC) in each Division of General Practice, Child and Youth Health and Local Government Authorities to assist immunisation providers to record their ACIR data in an accurate and timely manner. Occasionally there are problems with data stored on the Register which I help to resolve records. I am also your State based link to the Register. If you need any help with problems associated with the Register I can be contacted on 8274-9310.



ACIR Reporting of % of children vaccinated with meningococcal C vaccine in each age group in May 2004:

Age (years)	SA %	Australia %	Lowest %	Highest %
1	66.58	65.72	61.81	75.63
2	64.45	60.78	54.65	68.81
3	52.52	49.15	41.56	57.90
4	57.37	52.31	44.39	62.10
5	54.51	49.46	42.11	54.51
Total 1-5 yrs	57.16	52.87	46.48	59.35

As can be seen by the table, SA is above the National average for every age group and has the highest coverage in the 5 year olds. The fantastic efforts of all providers involved are reflected in our results. Of course there is always room for improvement and we need to keep offering the meningococcal vaccine to all eligible groups. A reminder letter is being sent by the Australian Department of Health and Ageing to all parents of children within the eligible groups who have not yet had the vaccine.

\* \* \*

A permanent vaccination record should be provided to all vaccinees (adult and children) as well as in client records. Immunisation providers should record all relevant vaccination information; such as vaccinee's full name and date of birth, the details of the vaccine given, including the dose, brand name, batch number and route and site of administration, the name of the person providing the vaccination, the date of vaccination and when the next vaccine is due.

**EVALUATION OF THE NEWSLETTER**

**T**HANK YOU to those who completed the evaluation of 'Sharp and to the Point'. We had a fantastic response from a variety of immunisation providers who provided much positive and encouraging feedback. In general, the audience has found the newsletter informative and a useful resource. Some would like 'more detail' with 'more statistical data' and 'more about the overall state and regional coverage'. We will do our best ~ however space is limited and naturally we try to keep it sharp and to the point.