



Sharp and to the point

Quarterly newsletter produced by the SA Immunisation Coordination Unit

Rotavirus

IN 1973, an infectious agent, rotavirus, was first identified by Ruth Bishop and co-workers at the Royal Children's Hospital in Melbourne. The virus was eventually identified as being the most common cause of severe diarrhoea in young children worldwide.

Globally, by five-years-of-age, 95 per cent of children worldwide will have been infected with rotavirus.

Rotavirus is a very contagious disease. It is spread through the faecal-oral route or as a nosocomial infection.

The virus can survive for prolonged periods of time on ordinary surfaces as well as in drinking and recreational water. Most deaths occur in developing countries where access to rehydration therapy and other medical care is not available – approximately 2,000 deaths per day, accounting for 80 to 85 per cent of the global mortality.

The infection can be easily diagnosed by testing faecal specimens. A primary infection of rotavirus gives little or transient protection against re-infection but does protect against clinically severe diarrhoea after a reinfection. The incubation period is one to two days. Symptoms include fever; loss of interest in eating and drinking; upset stomach and vomiting; dehydration due to lack of fluids (severe dehydration can lead to shock and cardiac arrhythmia); and watery diarrhoea.

Rotavirus in Australia

In Australia, rotavirus disease is most common in children under three-years-of-age and occurs seasonally as an annual epidemic, peaking in winter and lasting through to spring in most states except the tropical areas such as the Northern Territory, where it can occur through the year.

Most human infections are caused by serogroup A. This serogroup can be differentiated into 10 serotypes. The most common serotypes, responsible for the majority of cases of

PROFESSOR KEVIN Forsyth, the Chair of the SA Immunisation Forum (SAIF), will be leaving South Australia to take up a new position in Sydney. His skill and expertise will be missed by the SA community. We would like to wish him well in his future endeavours and thank him for his support of and contributions to the SA Immunisation Program.

What's in this issue?

The feature article is on rotavirus, the disease and how it occurs in Australia. The references provide some interesting reading.

The Australian Health Management Pandemic Plan for Influenza has been released.

Other items include SAICU SDOs and policies for 2006, the Immunisation Calculator, the *Immunisation Guidelines for Health Care Workers in South Australia*, and Qs and As, and a couple of alerts of which you should be aware.

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. Telephone: (08) 8226-7177, Fax: (08) 8226-7187, e-mail: cathlyn.mcinnnes@health.sa.gov.au

severe rotavirus disease in young children, are G1-4, with serotype G9 also occurring in Australia.

There are almost 20,000 hospital admissions annually in Australia for acute gastroenteritis; approximately 10,000 of these hospital admissions are for rotavirus infection.

In May 2006, two rotavirus vaccines were licensed in Australia. Further information on these vaccines can be obtained from 'Rotarix' GSK on 1800-033-109 and 'RotaTeq' CSL on 1800-642-865.

References

1. Charlie Blumer, Paul Roche, Carl Kirkwood, Ruth Bishop, Graeme Barnes 'Surveillance of Viral Pathogens in Australia-Rotavirus'. *Communicable Diseases Intelligence* Volume 27, No 4, December 2003.
2. Carlin J B, Chondros P, Masendycz P, Bugg, HC, Bishop RF, Barnes GL 'Rotavirus infection and rates of hospitalisation for acute gastroenteritis in young children in Australia', 1993-1996, *Med J Aust* 1998;168:252-256.

Leanne Norton Award

The Leanne Norton Award is awarded annually to a student who has completed the UniSA Immunisation Professional Certificate Course, in recognition of excellence both academically and clinically during the course and contribution to the course and to the profession. Kylie Bailey who works at the Flinders Medical Centre was the winner of the award for 2005. Congratulations Kylie, from the SAICU team.

Meningococcal C Conjugate Vaccine (MCCV)

In Australia, the National Immunisation Program recommends Meningococcal C Conjugate Vaccine (MCCV) at 12 months of age. This recommendation has not changed; however the Product Information (PI) for Neisvac and Meningitec has been updated recently and approved by the Therapeutic Goods Authority. The changes were required as long-term immunity was not being achieved following MCCV given at 2, 3 and 4 months as a compressed schedule. For children who have received the three doses before their first birthday, the PI now recommends a booster dose from 12 months of age.

Conflict to Product Information

The Australian Technical Advisory Group on Immunisation (ATAGI) considered the issue of whether it should be recommended that children who had been vaccinated on the private market be recalled for booster vaccination at 12 months of age. ATAGI considered data from the United Kingdom that assessed protection provided by a compressed infant schedule (2, 3, and 4 months of age), against the Australian schedule of 2, 4, and 6 months of age. The data from the UK show little to no protection over time with the compressed schedule, but reasonable protection using the Australian schedule, five years post-vaccination.

Therefore, ATAGI recommends that;

- children who have travelled to Australia from the UK, who received the compressed 2, 3, and 4 month schedule should receive the recommended booster dose at 12 months of age or thereafter (free to those born since 1 January 2002); and
- no booster dose is required for children vaccinated at 2, 4, and 6 months of age in Australia using privately purchased vaccine.



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 to Cathy McInnes at SAICU (telephone 8226-7177 or e-mail cathlyn.mcinnis@health.sa.gov.au).

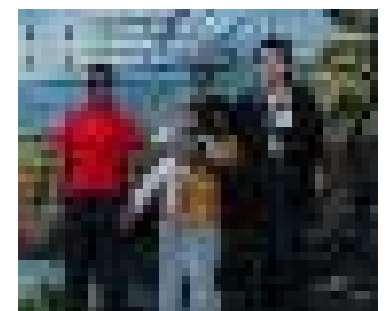
Staff at Tea Tree Gully Council who were highlighted in the April newsletter receiving the DJ's gift pack from SAICU.

Please note no nominations were received for this newsletter.

Please let us know what is working well!

Farewell to Jan from Pika Wiya

JAN RIORDAN is retiring from Pika Wiya Aboriginal Health Service in Port Augusta. For several years, Jan has worked closely with SAICU in her role as a Community Health Nurse with a major focus being immunisation. Jan has gained the respect of the community and other providers with her commitment to providing a quality immunisation service for Aboriginal people. SAICU would like to thank Jan for this dedication and wish her all the best in her retirement.



Jan is pictured with friends at the front of the Pika Wiya building in Port Augusta

The SA Immunisation Calculator— It's as easy as 1, 2, 3!

THE CALCULATOR is an on-line computer-based system that uses the National Immunisation Program Schedule Australia (NIPSA) to calculate an individual child's immunisation schedule.

The calculation is based on the child's date of birth, immunisation history and the State/Territory in which he or she lives.

The Calculator is for Australian children up to their 7th birthday. It recommends doses of vaccine to be given at specific ages. If doses of vaccine are delayed or missed, the SA Immunisation Calculator can be used to work out which vaccines are due and when they should be given.

The immunisation catch-up calculation also can be printed from the web site for reference.

On 1 November 2005, the Calculator was revised to include the immunisation schedules for Indigenous children in all Australian states and territories.

This tool is an easy-to-use, accurate program designed to make simple the immunisation catch-up calculation

Users may e-mail questions and comments to the South Australia Immunisation Coordination Unit.

Many people use this exceptional resource daily, while others are yet to discover the Calculator.

Create a shortcut on your desktop to the Immunisation Calculator from the web site address at www.healthsa.sa.gov.au/immunisationcalculator/. Remember the Immunisation Calculator—*It's as easy as 1, 2, 3!*

Test your knowledge!

What would be the 'catch up' schedule for a child 11-months-of-age in South Australia with an immunisation history of three doses of DTP/IPV, two doses of Hepatitis B and three doses of pneumococcal vaccines?

To help with the answer, resources available to you are

- The Australian Immunisation Calculator 'it's as easy as 1, 2, 3!' – www.healthsa.sa.gov.au/immunisationcalculator/

The child at 11-months-of-age will need to have three doses of Hib to complete a course. One dose of Hib now, second dose of Hib at 12-months-of-age which can be given as Comvax, (with the third dose of Hep B) with Men C and MMR also due at 12-months-of-age, and a third dose of Hib at least two months later, at 12- to 15-months-of-age.

A 14-year-old student missed her Hepatitis B vaccination at school last year. She received an Engerix B (adult) hepatitis B dose at the doctor's. She attended a local council for the second dose. For what vaccine is she due and what will be her follow-up?

The first dose of hepatitis B vaccine, Engerix B (adult) administered at the GP's is not a valid dose; it is not licensed in Australia for the 2-dose adolescent schedule. The student will need to be revaccinated using the vaccine licensed for the 2-dose schedule, H-B-Vax II 10µg (adult formulation) and a second dose offered four to six months later. (p.147-149, *The Australian Immunisation Handbook*, 8th Edition.)

Influenza vaccine eligibility

INFLUENZA VACCINE is funded for the National Influenza Program for Australians over 65, and the National Indigenous Pneumococcal and Influenza Immunisation Program. This latter program provides free influenza and pneumococcal vaccine for Indigenous people aged over 50 years, and for those aged 15 to 49 years who are at high risk from these diseases and their complications. Since 2000, Influenza vaccine also has been offered – free-of-charge – to employees of public healthcare facilities.

Other people who want to request the Influenza vaccine can purchase it on prescription from GPs and from some local councils.

SAICU will be conducting an audit of Influenza vaccine usage by providers in late 2006, which will determine coverage rates for the targeted groups.

From the Vaccine Distribution Centre

To ensure vaccine orders are completed on time for deliveries, please make sure the following information is entered on the Vaccine Order Form:

- the Customer ID number: if the number is not known, *please* contact VDC on 8226-7302. This simple effort will help prevent delays in processing your order; and
- complete the 'stock in fridge' column each time vaccines are ordered. This process will minimise delays when VDC telephones the providers to clarify the information.

Vaccine deliveries are made regularly every fortnight and it is best practice to keep vaccine stock to a minimum by ordering regularly only the quantity of vaccine required for the period until the next delivery (p 16, 'Strive for 5')

On the WWW

- The *Australian Health Management Plan for Pandemic Influenza* has been released recently by the Department of Health and Ageing, and can be read at www.health.gov.au/internet/wcms/publishing.nsf/content/ohp-pandemic-ahmppi.htm.
- The National Institute of Clinical Studies has just launched a web site to help increase influenza vaccination rates among 'at-risk' groups under 65. Currently only 42 per cent of at-risk people are being vaccinated and, according to NICS research, one of the major barriers to vaccination is a lack of awareness about who is actually at-risk. www.fightflu.com.au/
- SAICU information is on-line at www.dh.sa.gov.au/pehs/immunisation-index.htm. The SAICU SDOs and policies for 2006 are available on-line. The 'all age consent form' has been updated to include vaccines introduced on 1 November 2005. Please check that you have the current Adverse Events reporting form from www.health.sa.gov.au/pehs/Immunisation/adverse-event-form-may05.pdf.

STOP PRESS

The Meningococcal C program was due to finish on 30 June 2006. South Australia has received approval to continue to offer funded Meningococcal C vaccine to eligible individuals through all providers (including general practice) to 30 June 2007. This offer applies to all people born on or since 1 January 1984, as long as they are 12-months-of-age or older, and not previously vaccinated.

Alert

From ACIR

There are a number of children in South Australia who have been vaccinated with Infanrix-Hexa vaccine at two-, four-, and six-months.

The Infanrix-Hexa vaccine follows the 4-dose Hib schedule and these children are due for a fourth Hib dose at 12-months-of-age.

If the child has not received the fourth Hib dose by 13-months-of-age, he or she will be considered overdue by ACIR and GPII.

The child's being overdue will affect practices' GPII coverage percentage, the Childcare subsidy and Maternity Immunisation.

Vaccine storage of purchased vaccine

When you're advising patients on storage of purchased vaccines, your options include:

1. Tell them they can pick up the vaccine from the pharmacist immediately before attending the GP.
2. Discuss the risks of freezing and warming the vaccine, and advise them on safe storage procedures
3. Tell them they can leave the vaccine with the GP, clearly labelled with the recipient's name and when it will be used. (p. 25 'Strive for 5' – *National Vaccine Storage guidelines*.)

Health Care Workers Influenza Vaccination up by 65 per cent

SA Public Sector Health Care Facility Employee Influenza Vaccination Program

This year, there has been a huge focus on improving influenza vaccination coverage rates for Health Care Workers. Improving coverage rates will assist the development of an infrastructure that will support the *South Australia Immunisation Plan for Pandemic Preparedness*.

Many different strategies have been implemented, including a one-day education session for the key immunisers of each work site, addressing barriers and differences between the common cold and influenza, providing mobile clinics for staff ease of access and following the *Immunisation Guidelines for Health Care Workers in South Australia – 2006*. The guidelines strongly support the responsibility of organisations and employees to provide a safe environment for patients, staff and visitors. It also supports the duty of care to individuals in their care. The guidelines are available at www.dh.sa.gov.au/pehs/immunisation-index.htm.

The results of this year's program are extremely pleasing with vaccine distributed for the Health Care Worker Program increased by 65 per cent compared to last year.

School Based Immunisation Program

All school vaccine providers should be preparing now for their second school visit to administer the 2nd Hepatitis B and the Boostrix vaccines.

Please do **not** send in the School Visit Summary Sheets until after the 2nd visit.

Can all School Immunisation Providers please complete and send in their Model Documents Feedback/Comments form for 2006?

A reminder to send in the 2006 invoices for the completion of the School Based Immunisation Program.

Education sessions

The metro LICs held "Strive for 5 – the new cold chain guidelines" education sessions in May and June. If practice staff missed these sessions and are interested in attending in the future, please contact your local LIC.

A Love Story

I will seek and find you . . .

I shall take you to bed and have my way with you.

I will make you ache, shake and sweat until you moan and groan.

I will make you beg for mercy, beg for me to stop.

I will exhaust you to the point that you will be relieved when I'm finished with you.

And, when I'm finished, you will be weak for days.

All my love,

The Flu

Now, go and get your flu shot!

New release

The *Immunisation Guidelines for Health Care Workers in South Australia 2006*, has been released and is available on-line at www.dh.sa.gov.au/pehs/immunisation-index.htm.

Certain occupations – and particularly Health Care workers – have an increased risk of contracting some vaccine-preventable diseases. Furthermore, Health Care Workers may transmit infections to susceptible patients. To protect South Australian Health Care Workers (HCWs) from vaccine-preventable diseases (VPDs), they should be provided with access to appropriate vaccination programs.

The Guidelines support recommendations contained within *The Australian Immunisation Handbook* (current edition) found at www.immunise.health.gov.au/handbook.htm, and the *Infection Control Guidelines for the preventing transmission of infectious diseases in the health care setting* (2004), found at www.icg.health.gov.au, for the occupational screening, education and immunisation of HCWs against VPDs.

The Communicable Disease Control Branch, of the South Australian Department of Health, recommends that health care settings and institutions that are educating HCW students should develop immunisation policies and programs in line with these guidelines. For further information, please contact SAICU on 8226-7177.