



# Sharp and to the point

Bi-monthly newsletter produced by the SA Immunisation Coordination Unit

## SA Immunisation Coverage

Following the final calculation of the November General Practice Immunisation Incentive (GPII) Scheme payment, 86.68 per cent of South Australian general practice met an immunisation coverage rate of 90 per cent or greater.

- 10 practices achieved 100 per cent
- 137 practices achieved between 95 – 99.9 per cent
- 224 practices achieved between 90 – 94.9 per cent

This result is outstanding for the State and demonstrates the importance that immunisation providers place on ensuring that children are protected from vaccine-preventable childhood diseases.

If you need any help interpreting and acting on the *GPII020A Reports*, notifying you of children overdue for immunisation at your practice, you can contact your Local Immunisation Coordinator at the Division or Patricia Berryman, SA ACIR Field Officer on 8274-9310.

**Contents:** meningococcal disease; Pneumococcal Vaccination Program; Fluvax interactions; national ADT shortage; profile on two SAICU Team members and more.

*This newsletter is published by the South Australian Immunisation Coordination Unit. We are always seeking contributions for the newsletter. What would you like to know? Do you have any interests or concerns that you'd like highlighted in this forum? If so, please e-mail [susan.lewis@health.sa.gov.au](mailto:susan.lewis@health.sa.gov.au) about them.*

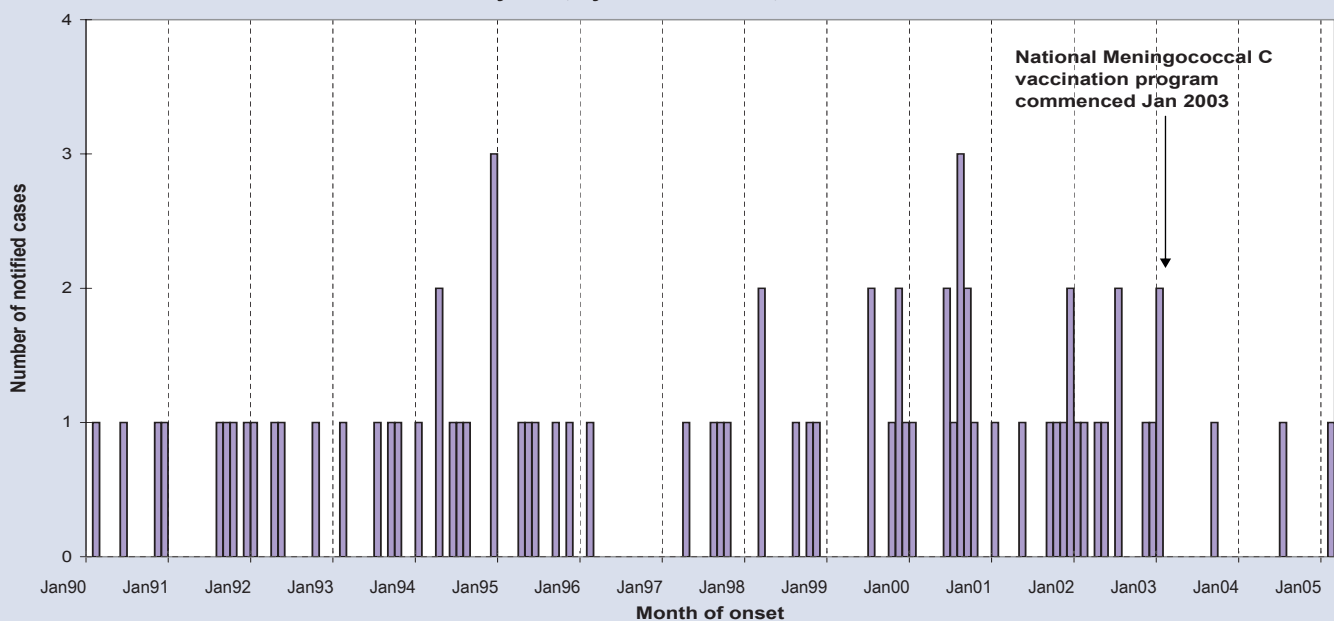


### Disruption to supply of influenza vaccine

Due to the national disruption in supply, there will be difficulty in providing the full amount of influenza vaccine orders. Please ensure the funded vaccine is provided only to those eligible for the Government-funded vaccine – that is, those aged 65 years, Indigenous people aged over 50 years and over, and Indigenous people aged 15-49 years with medical-at-risk factors. The Vaccine Distribution Centre will continue to process orders but will be forced to reduce the supply to providers until normal supplies resume.

South Australian Dept. of Health - Communicable Disease Control Branch

Reports of invasive meningococcal serogroup C disease in South Australia 1990 to February 2005, by month of onset, 1/1/1990 to 28/2/2005



11/03/2005 5:39 PM

## **Alert** Three or more injections

With the commencement of the Universal Childhood Pneumococcal Vaccination Program there is a need for 3 or more injections at one visit. The NHMRC encourage that all recommended vaccines are administered at the same encounter. Generally the most reactogenic vaccine would be given in a separate limb.



**Q** When is Pneumovax23 recommended for older children and adults?

**A** Pneumovax23 (23vPPV) – a 23-valent pneumococcal polysaccharide vaccine – is approved for use in older children and adults at risk of Invasive Pneumococcal Disease. It is a funded vaccine on the ASVS for adults over 65 years, Indigenous people over 50 years and those aged between 15-49 years with medical risk factors.

**Q** When is revaccination of Pneumovax23 recommended?

**A** A single revaccination five years after the first dose is recommended for adults over 65, and for Aboriginal and Torres Strait Islander adults 50 years old and over. Generally, no further doses are recommended; however, Aboriginal and Torres Strait Islander adults between 15 and 49, with risk factors, are recommended to have a third dose. For further information, refer to page 225 of the *Australian Immunisation Handbook*, 8th edition.

Workshops titled *Immunisation: The Basics* have now begun in several regions. These workshops are being offered to anyone interested in learning more about immunisation, cold chain management and vaccine administration. If you would like to participate in a workshop or require further information, contact your Local Immunisation Coordinator in the Division of General Practice.

### Did you know?

Since the start of the Universal Childhood Pneumococcal Vaccination Program, there is no longer a requirement to send in data to SAICU for Indigenous children and those children in the medical-at-risk group.

When you order more vaccines, the Vaccine Distribution Centre requests that you complete the 'stock in fridge' and 'expired stock' sections that assist in maintaining a quality program.

Following the administration of the Influenza virus vaccine (Fluvax), careful observation for possible enhanced drug effect or toxicity is indicated for persons taking theophylline preparations, warfarin sodium and phenytoin. (ref: Product Information)

Vaccine wastage is caused by cold chain events. Vaccines worth thousands of dollars are discarded each year because they've been exposed to temperatures of less than 0°C. It's important to have a trained person who has cold chain knowledge managing the cold chain and also to 'get to know your fridge' as they are all different. *Immunisation: The Basics* offers a module on Cold Chain Management that would be valuable to train those responsible for vaccine cold chain. Contact your Local Immunisation Coordinator in the Division of General Practice to find out when the next workshop is being held.

### SAICU policies and Standing Drug Orders

To support your immunisation practice, the 2005 SAICU Policies and Standing Drug Orders can be found temporarily at this web address <http://www.dh.sa.gov.au/pehs/notifiable-diseases-summary/saicu%20sdos.htm>.

### National ADT shortage

A supply shortage of ADT vaccines means many providers have depleted stocks. For a limited period only, the SA Immunisation Coordination Unit has made available a supply of ADT vaccine. This can be ordered on the new vaccine order form in the 'other' section.



### Staff profile

Trish and Kae are members of the SAICU team. Trish has previously coordinated immunisation programs for Local Government and Divisions of General Practice and currently coordinates the School-based and Meningococcal C Vaccination Program.

Kae uses her extensive administration experience to support Trish.



Trish Harris, left and Kae White

#### 2005 School Based Immunisation Program including Meningococcal Vaccine Catch-up Program

Students	Vaccine offered	Council	GP*
Year 8	hepatitis b dTpa (boostrix)	free	by script
Year 9	dTpa (boostrix)	free	by script
Years 1-5	Men C	free	free

\* if the student does not get vaccinated via the school program, there may be a cost.

Delivering immunisations to children and adolescents using a school-based program has been demonstrated to be one of the most effective ways of reaching these specific groups. Vaccination coverage of 80 per cent has consistently been achieved. It is recognised this result would not be possible without the support and collaboration of councils and other key stakeholders.