



BIMONTHLY NEWSLETTER
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SA IMMUNISATION CO-ORDINATION UNIT



Sharp & To the Point

PRE-PREGNANCY PLANNING AND IMMUNISATION

by Dr Pam Rachootin

In the past, a woman who presented with the intentions of becoming pregnant might be offered rubella serology, and subsequent immunisation if levels were inadequate. Otherwise, immunisation was not seen as an issue. How things have changed. Up to 5 different jabs are currently recommended for women considering pregnancy.

Varicella Vaccine (2 dose course) should be discussed prior to pregnancy if there is no previous history of varicella illness or vaccine. For women without a history of varicella illness, serology is suggested prior to immunisation to exclude sub-clinical infections. In 2002, in South Australia, there were 21 women notified with Varicella during pregnancy, so there is definitely room for improvement on this front. Forrest et al reported in a study that 1 in 107,000 pregnancies / year resulted in congenital varicella and 1 in 17,000 pregnancies / year resulted in neonatal varicella. (Journal of Paediatrics and Child Health, Vol 36 Issue2-April 2000)

MMR should be offered to all those born after 1966 who have not had the diseases or do not have evidence of 2 doses of MMR. It should be noted that as women defer pregnancy to later ages, rubella titres can decrease to below protective levels. Female immigrants may be at increased risk of disease as they often have never been immunised.

The recommended interval for avoidance of pregnancy post-MMR or Varicella vaccine has been reduced to 28 days following the final dose.

Many thanks to Dr Pam Rachootin, for her contribution titled 'Pre-pregnancy planning and Immunisation'. We are always seeking contributions! What would you like to know? Are there issues of interest that you would like highlighted to other immunisation providers? Please let us know by emailing susan.lewis@dhs.sa.gov.au Also distributed with this 6th issue is an evaluation form inviting your suggestions for making this newsletter even more sharp & to the point!

Boostrix should be offered to both parents during pre-pregnancy planning or as soon as possible after delivery (if vaccinees have had a full primary course of diphtheria/ tetanus and a 10-year interval since previous diphtheria/tetanus.) Infants are at risk of contracting whooping cough from non immune parents and are not fully immunised until after their 3rd pertussis containing vaccine at 6 months. Immunising parents with Boostrix can provide additional protection to the infant from the disease.

Pneumococcal polysaccharide vaccine should be offered pre-pregnancy to women in high-risk groups (eg. tobacco smokers, women with chronic illness such as cardiac, renal, and pulmonary disease, diabetes, or alcohol-related problems.)

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Free vaccine is available for indigenous women in high risk categories.

Influenza vaccine is recommended for pregnant women who will be in the 2nd or 3rd trimester during the influenza season. The influenza vaccine is recommended pre-pregnancy or during pregnancy. The benefits of influenza immunisation during pregnancy outweigh the risks, as per the NHMRC Australian Immunisation Handbook 8th Edition.

Happy jabbing!

Pam Rachootin - GP Advisor, Southern Division of General Practice.



SAICU (08) 8226-7177

IMMUNISATION EDUCATION FOR PRACTICE NURSES

SAICU is developing an educational program for nurses working in General Practice. The sessions aim to assist nurses in developing or maintaining their competencies as immunisation providers by increasing their knowledge of the practical aspects of childhood and adult immunisation. The main components will include legislation and consent, cold chain management and vaccine administration and safety. Watch out for the next issue of 'Sharp and to the Point' as it will provide more information about these sessions. Further information will also be available from the Local Immunisation Coordinators in your Division of General Practice or SAICU on 8226-7177.



Q. Which vaccines are recommended for the treatment of a tetanus prone wound?

A. The NHMRC recommends the use of a 'combination vaccine in preference to tetanus toxoid alone in order to boost protection against diphtheria. Therefore, if a booster is required following a tetanus prone wound, use DTPa (or DT if pertussis is contraindicated) for children who have not reached their eighth birthday and dT/ADT for adults and for children after their eighth birthday'. (ref: Australian Immunisation Handbook, p265). If neither of these is available the tetanus toxoid should be administered.

Q. Should dTpa (Boostrix) be offered for the treatment of a tetanus prone wound?


A. In the case of tetanus prone wounds the main objective is to provide protection from tetanus. However, if a person expresses an interest in having a pertussis booster at the same time as the tetanus booster and fulfils the following criteria then dTpa could be given as an alternative to ADT, dT or tetanus toxoid. The person should not have received a tetanus containing vaccine in the past 5 years, must be over the age of 8 years, must have had a primary course of tetanus containing vaccine in the past and most importantly dTpa (Boostrix) should be immediately available. dTpa (Boostrix) is only available free to Year 9 students via the School Immunisation Program or local council clinic. Please refer to the Australian Immunisation Handbook, 8th edition, p 210 for information about the use of Boostrix to protect against pertussis.


Q. Is there an increased risk of an adverse event following Boostrix?

A. dTpa (Boostrix) is an acellular vaccine which is significantly less reactogenic than the whole cell vaccines used in the past. The adult/adolescent formulation (dTpa) contains lower concentrations of diphtheria, tetanus and pertussis antigens than infant and childhood diphtheria, tetanus and acellular pertussis (DTPa) vaccines. Boostrix is being offered free to Year 9 students via the School Immunisation Program or at the local council clinic.



As part of standard vaccination procedures vaccine recipients are advised to remain under observation for a minimum of 15 minutes after vaccination to ensure that they do not experience an immediate adverse event. The most common **immediate** adverse event is fainting occurring within 5 minutes of vaccination; however 98% of faints occur within 30 minutes. Adults should therefore be warned of the risk of driving or operating machinery for at least 30 minutes after vaccination. (ref: Australian Immunisation Handbook, 8th Edition, p.29)

 Oral Polio Vaccine (OPV) is light sensitive. When conducting an immunisation clinic or storing the vaccine in a glass fronted fridge remember to protect the vaccine from light.

 In the year 2002/2003 over 10,000 doses of compromised vaccine were destroyed due to cold chain events. Effective cold chain management reduces the risk of vaccine wastage and has become increasingly important as current vaccine costs rise and as expensive new vaccines become available. Contact your Local Immunisation Coordinator within your Division of General Practice if you would like support with your cold chain management. Alternatively contact SAICU on 82267177 to discuss any concerns.

MMR and Autism

A new tool is being trialled by the National Centre for Immunisation Research and Surveillance to assist parents in the decision of whether to immunise their children with the MMR vaccine.

This tool is available on <http://www.ncirs.usyd.edu.au/decisionaid>

It provides information about the risks of diseases and the risks and benefits of the vaccine.

Sharon Hart

SAICU Immunisation Nurse Consultant



I have worked in the Communicable Disease Control Branch of the Department of Human Services since June 2001, first as a Public Health Nurse in the Disease Surveillance and Investigation Unit, then for the past 15 months as an Immunisation Nurse Consultant with the South Australian Immunisation Coordination Unit.

My major projects within SAICU include Vaccine Safety, website development, the Childhood Pneumococcal Program and LIC contracts.

Prior to this I was the Local Immunisation Coordinator with the Adelaide Western Division of General Practice. From 1990 to 1996 I coordinated immunisation services as the Community Health Nurse at the former Port Adelaide Council.

I have a broad range of nursing experience having worked as a nurse/midwife at LeFevre & Port Adelaide Community Hospital and the Women's and Children's Hospital, as a Palliative Care Clinical Nurse Consultant with RDNS, as a Parent Support Worker and Hospital Liaison Midwife with the Parenting Network Program and as a nurse educator at the QEH.

I am an avid reader and a keen scuba diver. Diving has provided me with the opportunity to visit many wonderful places in the world.

INTERESTING WEBSITES

Centres for Disease Control and Prevention (U.S.)
<http://www.cdc.gov/nip/publications/vis/> for vaccine information sheets

National Centre for Immunisation Research and Surveillance <http://www.ncirs.usyd.edu.au/>

Victorian health information
<http://www.dhs.vic.gov.au/phd/immunisation/> for fact sheets in language

