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FEATURE

The new 'Universal Childhood Pneumococcal Vaccination Program' and the 'Pneumococcal Vaccination Program for Older Australians' will commence on January 1 2005.

Resources for these new programs will be distributed to all immunisation providers as shown in the table. More information is available from www.immunise.health.gov.au

Source and date	Resources for new Pneumococcal programs
SAICU in Nov 2004	<ul style="list-style-type: none"> information about the delivery of Prevenar new Vaccine Order Form fridge calendar
Australian Government in Dec 2004	<ul style="list-style-type: none"> tear off pads with information for parents provider information about childhood and older Australians program updated National Immunisation Program card letter to parents
SAICU in Dec 2004	<ul style="list-style-type: none"> updated Australian Standard Vaccination Schedule pneumococcal chart including catch up provider information about SA related issues

Several issues need to be considered in regard to the new pneumococcal programs:

1. There are different vaccines for each program. Prevenar is solely used in the primary course for the childhood program and Pneumovax is used for adults and as boosters for the targeted children.
2. Three injectable vaccines are now recommended at 2 and 4 months of age. Scheduled vaccines should all be given at the one encounter.
3. There will be 3 groups: non indigenous children born since Jan 1 2003 and the 2 targeted groups including indigenous children and those children who are medical at risk.
4. Some children will require a primary course others will require a catch up. Children born since January 1 2003 are eligible for catch up and the number of doses of Prevenar required will vary depending on age.

**IMMUNISATION:
The Basics**

If you manage the vaccine cold chain or administer vaccines or just have an interest in immunisation then 'Immunisation: The Basics' could be of interest to you!

Immunisation: The Basics is an educational tool for interested persons working in the field of immunisation. The aim of the educational program is to assist in developing or maintaining skills required for the provision of immunisation services. The modules will include basic information about legislation and consent, cold chain management, vaccine administration and immunisation programs. The program will be presented in two different ways: firstly as a workshop (for those who can manage to join other providers to share ideas) and secondly in a workbook (for those who wish to study independently). If you are interested in participating in a workshop or require further information contact your Local Immunisation Coordinator in the Division of General Practice.

Summary of Immunisation Coverage for Meningococcal C Vaccine for children born Jan 1 1998 to Dec 31 2001

Overall, Northern Territory continues to lead in first place with 68.42%, followed by ACT and QLD.

South Australia (SA) has maintained 4th position with 63.75% coverage which remains over the National average.

5 year olds - SA continues to be 2nd 60.78%

4 Year olds - SA continues to be 4th 65.46%

3 Year olds - SA continues to be 3rd 60.02%

2 Year olds - SA continues to be 3rd 68.87%

1 year olds - SA after dropping to 5th position last month has continued to maintain 5th with 73.47%

SAICU**Phone:****(08) 8226-7177**

This newsletter is developed by the SAICU. 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 so please email to: susan.lewis@health.sa.gov.au

Staff movements

Pushpa Osborne has completed her contract with SAICU and we wish her well in her future endeavours. Claire Nayda has accepted an opportunity to work outside immunisation for 12 months. Merridie Macaitis is acting in Claire's position and we welcome Luda Molchanoff, Anne Kenny and Sarah Almond who will be assisting with the helpdesk for the next couple of months. Kathie Fruin (school administration support) has accepted a new role as Personal Assistant to the Director of Communicable Disease Control Branch. We wish everyone the best in their new ventures.

ALERT!

SAICU continues to receive reports of providers administering DTPa (Infanrix) instead of dTpa (Boostrix).

DTPa (Infanrix) is only licensed up to the 8th birthday as it has higher levels of diphtheria toxoid compared to dTpa (Boostrix). Dose reduction is necessary because of the reduced tolerance of older children and adults to diphtheria toxoid. (handbook p125) If a student misses the dTpa at school, they can attend a council clinic to have the free vaccine. If they choose to visit their local GP, the vaccine will need to be purchased by script.



Q. What is the minimal interval between administering ADT and Boostrix (dTpa)?

A. There is no minimum interval necessary between dTpa and tetanus toxoid containing vaccines. This advice is based on the fact that there is a reduced amount of tetanus and diphtheria in the Boostrix and although there is still a risk of a reaction it is likely to be less severe. In addition it is considered the benefit from the vaccine outweighs the risk posed by an adverse event. Therefore, dTpa can be administered at any time following a previously administered dose of tetanus toxoid containing vaccine.

(ref: Australian Technical Advisory Group on Immunisation)

Q. What should we do with our left over flu vaccine in our fridge?

A. Remove from the packaging and discard any unused flu vaccines into the Sharps container.

Q. Who is your Local Immunisation Coordinator?

A. Not sure? Phone your Division of General Practice to find out. The Immunisation Coordinator is a valuable resource for immunisation providers as they can keep you up to date with the forever changing field of immunisation. If you need advice or support in regards to immunisation then contact your Local Immunisation Coordinator.

Special Immunisation Service (SIS)

Special Immunisation Service (SIS) clinics are held for children and adolescents who have previously had a severe reaction to a vaccine.

The child is assessed by a Specialist Pediatrician in regard to current and future management of immunisation.

The child may be subsequently vaccinated under close medical supervision in hospital.

Clinics are held at:

Adelaide Women's and Children's Hospital

Second & Fourth Tuesday of the month ~ 9.30 am – 12 noon

GP referral preferred. Appointment required.

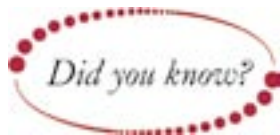
Phone: (08) 8226-7177

Flinders Medical Centre

First Friday of the month ~ 9 am – 11 am

GP referral preferred. Appointment required

Phone: (08) 8204-4910



There are factors to consider if using the new combination vaccine Infanrix Hexa (DTPa/HepB/Hib/IPV) for the primary vaccination at 2, 4 and 6 months. The vaccine reduces the number of injections by one and has the benefit of IPV. The Hib component of this vaccine is not recommended for use in Aboriginal and Torres Strait Islander infants as it does not provide the rapid early protection against Hib disease that this group requires. If any doses of Infanrix hexa vaccine are given then a 4 dose course of Hib must be completed.



ALERT!

A new vaccine ordering form is being introduced in January 2005. On placing an order, providers need to also record the stock in their fridge and the expired stock on the new order form.

PROFILE



Rebecca Ponte (left) and Monika Ward (right)

State Vaccine Distribution Officers, South Australian Immunisation Coordination Unit (SAICU)

Monika and Rebecca manage the Vaccine Distribution Centre situated within the South Australian Immunisation Coordination Unit (SAICU).

They have both been a part of the SAICU team for many years and their extensive experience in office management and commitment to quality customer service means a very effective and efficient service for immunisation service providers across South Australia.

They are responsible for managing and maintaining the unique and comprehensive ordering and distribution system of all childhood and some specific adult vaccines to over 1,000 immunisation service providers including - GP's, Councils, Hospitals, Community Health Centres Child and Youth Health and Aboriginal Health Centres throughout the State.

SA VACCINE SAFETY DATA LINKAGE PROJECT (SAVeS)

A new method to monitor vaccine safety is currently being used in the USA and UK, but is not yet available in Australia. This method, called data linkage, joins together different types of health records. Its purpose is to see whether children are admitted to hospital for certain conditions following immunisation.

This new method has the potential to improve the safety of vaccines you administer to children, but must be both accepted by parents and well tested before it can be implemented.

The SA Vaccine Safety (SAVeS) Data Linkage Project commenced in September as a 2 year joint project between the Women's and Children's Hospital and SAICU. It is the first study of its kind in Australia.

Immunisation providers will receive a brief, confidential survey by mail in the next few weeks. For further information about the SAVeS Project call Sarah Dugdale on 08 8226 7195. Sarah's email address is sarah.dugdale@health.sa.gov.au.