



Influenza vaccine coverage in South Australia, 1998

In 1998 the South Australian Government funded free influenza vaccine for people aged 70 years and over. As with other years, a question regarding influenza immunisation status was included in the annual Social Environmental Risk Context Information System (SERCIS) survey. The survey showed a small increase in the coverage with influenza vaccine for both the aged 65 years and over and the aged 70 years and over compared with 1997.

The coverage for those aged 65 years and over rose from 67.7% in 1997 to 71.2% in 1998. For those people aged 70 years and over the coverage increased from 72.8% in 1997 to 77.2% in 1998.

The Commonwealth Government has provided funding for free influenza programs in 1999 for non-indigenous people aged 65 years and over, and for indigenous people aged 50 years and over and other indigenous persons at 'high risk'. The indigenous program also includes access to free pneumococcal vaccine.

The difference in provision of free vaccine to different South Australian communities reflects the relative risks and benefits of vaccination for these groups.

Year 8 Hepatitis B Immunisation Program

The free hepatitis B immunisation program for students in year 8 is a statewide collaborative initiative between the three school sectors (Department of Education, Training and Employment, Catholic Education and Independent Schools Board), local government and SA Immunisation Coordination Unit of the Communicable Disease Control Branch.

The school-based program provides free hepatitis B vaccine to all year 8 students (a cohort of approximately 20,000) in SA. This is the first time all sectors have worked together to implement a school-based immunisation program.

A Hepatitis B Immunisation Working Group has developed standards to ensure a consistent and systematic approach to the program.

Educational materials have been developed to assist teachers to educate students from year 6 to year 11 about hepatitis B disease and why they

should be vaccinated. The education package discusses hepatitis B and other blood-borne diseases and has been distributed to all local council vaccinators and secondary schools to support parents and students in making informed decisions about participating in the Year 8 Hepatitis B Immunisation Program.

Staff of SAICU and the Department of Education, Training and Employment prepared the educational materials with the assistance of two vaccine companies, SmithKline Beecham and CSL Ltd.

Policy development

Post-exposure management

There is increasing evidence that following exposure to certain blood-borne viruses, post-exposure prophylaxis (PEP) can prevent infection. In response to this evidence the South Australian HIV/AIDS Advisory Committee has established a sub-committee to work with the HIV and Related Programs Unit to put together protocols for the management of occupational and non-occupational exposure to HIV, hepatitis B and other blood-borne and sexually transmissible diseases. These post-exposure management protocols are being developed as guidelines to help the process of deciding whether PEP should be recommended.

CDC Branch on the Internet

For CDC Branch information on the Web visit the **Public Health SA** website of the Public and Environmental Health Service.

This site is being regularly updated with current information on vaccine safety, SA immunisation schedules, Model Standing Drug Orders, infectious diseases etc and has useful links to other immunisation and communicable disease sites around the world.

The *CDC bulletin* is accessible via this site. The address is <http://www.health.sa.gov.au/pehs>

Contents

Flu vaccine coverage in SA, 1998	1
Year 8 Hep B immunisation program	1
Policy development	1
CDCB on the Internet	1
1998 Measles Control Campaign outcomes	2
Communicable disease summary	2/3
SA immunisation coverage on 31/12/98	4
Vaccine safety	4

DEPARTMENT OF HUMAN SERVICES
Public & Environmental Health Service
Communicable Disease Control Branch

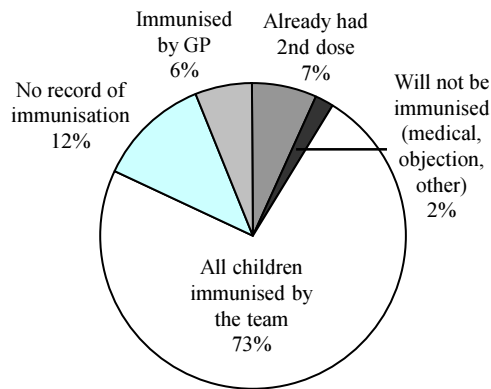
1st floor, AGC House
162 Grenfell Street
Adelaide SA

PO Box 6
Rundle Mall SA 5000

Tel: (08) 8226-7177
Fax: (08) 8226-7187
cdc@dhhs.sa.gov.au

GOVERNMENT OF SOUTH AUSTRALIA

1998 Measles Control Campaign outcomes



SA Measles Control Campaign 1998
Immunisation status

The Measles Control Campaign (MCC), ended in South Australian primary schools on 4th December 1998.

161,548 primary school children were targeted for vaccination between September and December last year. Measles-mumps-rubella (MMR) vaccine was administered to the target group during the campaign.

The final MMR coverage rate for SA children vaccinated in the target group was 86.4%. This result was based on validated records which

demonstrated that the child had received the recommended dose of MMR during the campaign at school, or by their general practitioner. Of the target group, 1.5% were not immunised for medical, personal objection or other reasons.

Children with non-validated data or no records of immunisation were not counted in the final coverage result.

Vaccination data for 12.2% of the children in the target population could not be validated because:

- ♦ A consent form was not returned by the child or the school to the MCC
- ♦ The children were immunised but the data was not sent in by the GP (no validated records); or
- ♦ There was insufficient information sent in to complete the records (eg the child not on the class lists etc).

A full evaluation report is currently being prepared and can be obtained by contacting the SA Immunisation Coordination Unit on (08) 8226-7177 after 1 May 1999.

Communicable Disease Summary: 1 October - 31 December 1998

Ross River virus infection

Notifications of Ross River virus infection for this period rose to 40 compared to 26 for the previous three months. Of these 40 cases, 18 were male and 22 female. The highest number of cases, 4 (20%) occurred in the 30 to 34 age group. The majority of cases reside in or have travelled to areas along the River Murray.

Campylobacter infection

Notifications of campylobacteriosis continue to rise with 937 cases for this period. Males accounted for 503 of cases and females 432 (gender for 2 cases was unknown). The 0 to 9 age group accounted for 247 (26%) of cases. In total, 2279 cases of *Campylobacter* infection have been notified in 1998 compared to 1925 in 1997.

Hepatitis A

Hepatitis A notifications continue at a high rate compared with previous years. Twenty-four notifications were received for this period. Of these, 14 were male, 10 female and 42% of cases were in the 20 to 29 year age group. Fifty percent of the total number of cases reported the use of illicit drugs. Information on prevention of

hepatitis A has been made available to illicit drug users through needle and syringe exchange programs. In total, 99 cases of hepatitis A have been notified in 1998 compared to 92 in 1997.

Legionella pneumophila serogroup 1

Two sporadic cases were notified during this period. One case was in a female traveller from the UK who had stopped over in several European and Asian countries prior to arriving in Australia. The other case was in a female from the northern suburbs of Adelaide. An environmental investigation has not detected the organism in cooling towers and hot water supplies with which this case had contact.

Meningococcal infection

Eight cases were notified during this period. An equal proportion of male and female cases was observed. Thirty-eight percent of cases were in either the 0 to 9 age group or in the 70 to 79 age group. There were no recorded deaths among cases. In total, 26 cases of meningococcal infection which meet the surveillance case definition were notified in 1998 compared to 22 in 1997.

Measles

There were 2 cases notified during this period. Six additional cases did not meet the clinical or laboratory diagnostic criteria and were therefore not included in the total. In total, 6 cases of measles were notified during 1998, compared with 28 cases in the previous year.

Typhoid fever

Two related notifications of typhoid fever were notified during this period. A child contracted the

infection from a relative who had travelled overseas. Because the child attended a child care centre, 49 people who had been in contact with the child were notified and provided with health advice.

Salmonella infection

There were 5 apparent clusters of *Salmonella* infection investigated in this period. Epidemiological investigations did not reveal any point source of infection of any of the apparent clusters.

Table 1. Number of notified cases by disease and onset date*

Disease	Oct to Dec		Total	
	1997	1998	1997	1998
Vector-borne				
Arboviral infection, RRv and non-RRv	15	41	640	68
Malaria	3	6	22	21
Faecal-oral, food and water borne				
<i>Aeromonas</i> infection	23	28	120	93
Botulism	0	0	0	1
<i>Campylobacter</i> infection	478	937	1925	2279
Cryptosporidiosis	15	10	74	71
Food poisoning	42	39	82	126
Leprosy	0	0	1	1
Hepatitis A	24	24	92	99
HUS/TTP/SLTEC (non-HUS)	7	3	21	21
<i>Listeria</i> infection	3	1	6	2
Paratyphoid fever	0	0	2	1
<i>Salmonella</i> infection	102	104	567	520
Typhoid fever (<i>S. typhi</i>)	2	2	3	3
<i>Yersinia</i> infection	5	11	39	34
Respiratory and other				
Atypical mycobacterial infection	4	7	31	35
<i>Legionella</i> infection	12	28	35	75
Meningococcal infection	6	8	22	26
Ornithosis	1	0	4	1
Tuberculosis	9	7	52	55
Sexually transmissible				
HIV	10	11	35	33
HCV incident	10	22	52	71
HBV acute	6	7	18	16
Zoonoses				
Hydatid disease	0	0	0	3
Leptospirosis	0	0	2	1
Q fever	1	0	8	23
Vaccine-preventable				
<i>H. influenzae</i> type b	0	0	2	1
Measles	4	2	28	6
Mumps	3	1	26	8
Pertussis	566	65	1673	575
Rubella	52	2	183	16
Other				
Hepatitis: non A, non B, non C	0	3	2	3

* as at 2-2-99.

SA immunisation coverage on 31/12/98

(From the Australian Childhood Immunisation Register - ACIR)

Vaccine data for all children under 6 years of age are sent into the ACIR from almost all Australian vaccine providers. Providers receive a \$6 payment for each set of data sent after an occasion of service. Because the ACIR commenced operations on 1 Jan 1996, complete data are only available for children under 18 months.

As of 31 December 1998, 86.6% of SA children aged between 12-15 months on 30 September 1998 were fully immunised with DTP, Hib and OPV*. ACT had the highest proportion of complete immunisation at 88.6% with SA reporting 86.6% coverage. Australian coverage for this age group was 84.5%

- * DTP Diphtheria-tetanus-pertussis
- Hib *Haemophilus influenzae* type b
- OPV Oral poliomyelitis vaccine

Table 2. Proportion of children aged 12-15 months who were fully immunised (Oct 97 - Dec 98)

Source: Australian Childhood Immunisation Register, Health Insurance Commission.

Date	SA	Australia
16 October 1997	77.0	73.0
3 March 1998	77.0	75.9
30 June 1998	78.6	78.6
31 August 1998	79.3	80.2
31 October 1998	85.3	84.3
31 December 1998	86.6	84.5

Vaccine safety

The SA Immunisation Coordination Unit (SAICU) is responsible for collecting data regarding vaccine safety and reporting this information to the National Adverse Events Reporting Scheme.

Pamphlets about vaccine safety are distributed through Regional and Local Immunisation Coordinators to parents and caregivers at the time of a vaccination.

Immunisation providers and parents are given feedback after they report suspected adverse vaccine reactions.

Contact: Maggi Osbourn, SAICU, on 8226-7194.

Table 3. Summary of reports of adverse vaccine events following immunisation in SA between 1 January 1998 and 31 December 1998

Vaccine	DTPa	DTPw	BCG	MMR
Reports meeting national criteria	16	3	9	10
Doses of vaccine distributed	87 283 #	9304	4240 *	186 796**
Adverse events per 100 000 distributed doses	18	32	21	5

DTPa (*Diphtheria-tetanus-pertussis acellular*) has been distributed in SA for all 5 doses on the NHMRC schedule since August 1997.

* SA reported an increase rate in adverse events following BCG for a short period in 1998, probably due to a particular batch of vaccine.

** The high number of MMR (*Measles-mumps-rubella*) doses distributed includes all doses administered for the 1998 Measles Control Campaign.

Contact Dr Mike Gold, Consultant Paediatrician, on 8204-7000, pager 4213, for queries about reports of adverse vaccine events.

Disclaimer:

Opinions expressed in the CDC Bulletin are those of the authors and not necessarily those of the SA Health Commission. Data are subject to revision.