



Immunisation supplement

1. New Australian Standard Vaccination Schedule (ASVS) commenced 1 May 2000

Australia is implementing two ASVSs concurrently for 18 months. For the purposes of this supplement, the schedules will be referred to by their date of commencement: 1998 and 2000. On the new printed schedule, the 1998 schedule is red and the 2000 schedule is green. By June 2002, the 1998 schedule will be no longer in use. All South Australian children will then be on the 2000 schedule.

The 2000 schedule contains two paths. South Australian children will follow Path 1.

Use of vaccine trade names in this bulletin is for identification only and does not imply endorsement by the Department of Human Service.

1.1 What Path is SA using and what new vaccines will be distributed?

For children born on or after 1 May 2000, extensive changes to the Australian Standard Vaccination Schedule (ASVS) are being implemented and there are a number of new recommendations to immunisation practice. The ASVS changes coincide with the publication of the new NHMRC (2000) *Australian Immunisation Handbook* (7th edition). The information in this CDC Bulletin deals with the main changes to immunisation recommendations from the handbook. Note that the information in this supplement is no substitute for health professionals' reading the handbook.

The national ASVS has 2 paths. This is because there are new combination vaccines available in Australia. All vaccine providers should have received copies of the immunisation schedule 2000-2002 by now. States and territories have had to make choices as to which 'path' that state/territory will take.

SA is following Path 1 (after evaluation of both paths). The vaccines that SA will use for children born on or after 1 May and that are specific to Path 1 are:

- Thiomersal-free (monovalent) paediatric hepatitis B vaccine (HBVaxII). Thiomersal-free hepatitis B vaccine will be distributed *only* to midwifery units in SA hospitals for the birth dose.
- Infanrix-HepB (DTPa-hepB) will be distributed to all general practitioners and other immunisation providers for the 2, 4 and 6 month dose (only for infants born on or after 1 May). Note that the booster doses at 18 months and 4 years should be completed with Infanrix (DTPa) as usual. SAICU will distribute more vaccine doses than you may need (or order) for a few months to ensure you have adequate stocks.
- PedvaxHib (PRP-OMP or Hib vaccine) will be distributed to all general practitioners and other clinics for the 2, 4 and 12 months Hib vaccine doses (only for infants born on or after 1 May). Note that previously this vaccine had limited use and should be given as a 3-dose schedule (unlike HibTITER, which is a 4-dose schedule). SAICU will distribute more vaccine than you may need (or order) for a few months to ensure you have adequate stocks.
- All other childhood vaccines remain the same in both the 1998 and 2000 schedules. Offer Sabin (OPV) at 2, 4, 6 months and 4 years, and Infanrix boosters at 18 months and 4 years and offer MMR at 12 months and 4 years as usual.
- Adolescent and adult vaccines will be available as for the 1998 schedule. SAICU distributed the revised policy on access to free vaccines for children, adolescents and adults in January this year. If you have lost your copy please contact SAICU on 8226-7177 to obtain another copy.

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GOVERNMENT OF SOUTH AUSTRALIA

1.2 Do children from another state or territory have different vaccines and will I need those vaccines?

Interchanging vaccines between Path 1 and Path 2 within the 2000 schedule (if a child is from other state) is fairly easy. The hepatitis B and Hib vaccine components are interchangeable between Path 1 and Path 2. The table below provides details. Note that only Northern Tasmania has a schedule that might cause a problem for SA vaccine providers.

The NT, Queensland, NSW, and the ACT are using Path 1 and are therefore fully compatible with SA. Victoria, Tasmania and WA are using Path 2.

ACT and parts of Tasmania will be using a different DTPa brand and this may cause problems for SA vaccine providers. ACT is using Tripacel for booster doses only (this should not be a problem). However, northern parts of Tasmania are using Tripacel for all 5 doses of its schedule and this might cause a problem.

Where possible children should complete the Tripacel and Comvax (combination vaccine used on Path 2) will be available from the Vaccine

Distribution Centre on a case-by-case basis, for example if a doctor or nurse thinks they need to continue an inter-state child on Path 2. This decision might be made if the child is to return to their home state or if the child is under 6 months old and has started using Tripacel. Vaccine service providers need to make a clinical judgement about the risk of re-booking a child for the vaccine. In some cases, it may be better to continue their vaccination program using SA vaccine schedule if there is a risk that the child will not return for their vaccinations.

Children on the 1998 schedule should not be moved onto the 2000 schedule for two reasons:

1. SA receives funding for new vaccines only for the children born on or after May 1.
2. The changeover means children moving between states may have started a different DTPa brand or HibTITER. It is not recommended to interchange brands in these circumstances.

State/Territory From 1 May 2000	Path Chosen	Implications For SA Providers (Interchangibility between paths)
Australian Capital Territory	Path 1 with Tripacel for boosters	Fully interchangeable. Use SA vaccines.
New South Wales	Path 1 with Infanrix boosters	Fully interchangeable. Use SA vaccines.
Northern Territory	Path 1 with Infanrix boosters	Fully interchangeable. Use SA vaccines.
Queensland	Path 1 with Infanrix boosters	Fully interchangeable. Use SA vaccines.
South Australia	Path 1 with Infanrix boosters	N/A
Tasmania	Path 2 with Tripacel for all 5 doses in Northern Tasmania; Infanrix for all 5 doses in Southern Tasmania	May <i>not</i> be interchangeable if child has already started with Comvax and Tripacel at 2, 4 or 6 months. Continue with SA vaccines if child is 18 months or older and has completed hepatitis B schedule. Check with SAICU on 8226-7177.
Victoria	Path 2 with Infanrix boosters	Use SA vaccines but check with SAICU or your Local Immunisation Coordinator if you need further advice
Western Australia	Path 2 with Infanrix boosters	Use SA vaccines but check with SAICU or your Local Immunisation Coordinator if you need further advice.

1.3 How do immunisation service providers order the new vaccines?

Copies of new SA Vaccine Distribution Centre Vaccine Order Form will be distributed with your normal vaccine deliveries shortly. In addition SAICU will mail this information to you.

Please phone or fax your vaccine order through to the Vaccine Distribution Centre (VDC) as usual. Please discard all your old order forms and use the new forms once they arrive.

New forms can be obtained from the VDC on request.

Note that SAICU reserves the right to negotiate or change the amounts of vaccines distributed over the next 6–12 months because SAICU must manage the phasing out of HibTITER and reduction of Infanrix, while phasing in Infanrix-hepB and PedvaxHIB.

All old vaccine orders for the past 3–4 years that we have received from general practitioners and other clinics, are stored on our vaccine distribution stock-control computer software. We have used these data to compute future distribution models for each surgery or clinic on the basis of past history, state-wide vaccine usage and wastage surveys, birth rates and other information. For the next 6–8 months you may receive more vaccine doses than you may think you need (eg Infanrix-hepB and PedvaxHIB). At the same time, you might find we have reduced the doses of Infanrix and HibTITER that we distribute to you when compared with your order. We need to ask for your patience and understanding throughout this process. If you need more information about this process or wish to negotiate your supply, please contact any SAICU staff member to discuss the issue (phone 8226-7177 during office hours).

1.4 Have there been other changes in the recommendation for administering hepatitis B vaccine?

Hepatitis B vaccine is being offered from 1 May to newborn infants prior to discharge from hospital. There are other changes and issues related to hepatitis B vaccine including:

(a) *Dose for H-B VaxII* (conflict with Product Information and NHMRC [2000] *Australian Immunisation handbook*, 7th edition)

The current Product Information for CSL Ltd's H-B Vax II vaccine (paediatric) states that the recommended dose for non-hepatitis B surface antigen infants and children to age 10 is 2.5 microgram (mcg, µg) per 0.25ml.

This differs from the advice in the NHMRC (2000) *Australian Immunisation handbook* (7th

edition) that states that infants and children should receive a full 5 microgram (mcg, µg) per 0.5ml dose.

This difference is not noted in the handbook and has been causing some confusion.

SAICU has received the following written advice from the Commonwealth Department of Health and Aged Care:

It is recommended that a full ampoule (0.5ml) of paediatric formulation of H-B VaxII be administered to all infants and children under 10 years, including for the birth dose.

The Commonwealth has also advised SAICU that CSL Ltd has confirmed that there are no safety concerns associated with the use of a 5 microgram per 0.5ml dose of H-B Vax II administered to infants at birth. The company also advised that it would be advising its field staff.

CSL Ltd has stated that it will be submitting an application to the Therapeutic Goods Administration (TGA) to revise the current Product Information to state that the recommended dose for all infants and children be 5 microgram per 0.5ml as soon as is practical.

(b) *Pre term infants and hepatitis B vaccine*

For babies of less than 32 weeks gestation the recommendation is to give an *extra* dose of hepatitis B vaccine at 12 months of age. Whether the infant receives the birth dose should be based on clinical assessment and valid consent. However, pre-term babies of hepatitis B positive mothers should have hepatitis B immunoglobulin and the 1st dose of vaccine at birth.

Note that there are also changes for Hib vaccination for preterm babies.

(c) *Hepatitis B vaccine boosters*

The 2000 handbook recommends that no booster doses are required for hepatitis B vaccine regardless of the reason that the vaccine is used (including for occupational health reasons). Providing that a person (or infant) has completed the 3 dose schedule of hepatitis B vaccine, no further doses are recommended. A review of the literature on this issue is in:

- European Consensus Group on hepatitis B immunity (2000) *Are booster immunisations needed for lifelong hepatitis B immunity?* The Lancet, 2000;355:561-565.

For those at occupational risk, serological confirmation is recommended 3 months after completion of the primary course of vaccination. Providing that an antibody level of 10IU/ml has been achieved, then no further serological testing or boosters are recommended. For those who do not sero-convert following the primary course,

then either a 4th double dose or a further 3 doses (at the optimal intervals of 0, 1 and 5 months) are recommended. If sero-conversion does not occur after 3 months, then the individual should be counselled about the need to access HBIG if an exposure incident occurs.

More information on the technical and scientific rationale for these changes can be obtained from SAICU (8226-7177). Ask for the paper by Dr Jeff Hanna (March 2000): *Why has the NHMRC dropped booster doses of hepatitis B vaccine?*

1.5 What are the changes to the recommendations on the use of tetanus-containing vaccines?

If a person has documented evidence that they have completed a primary schedule (at least 3 doses) of tetanus-containing vaccines (DTP or CDT) and has completed at least 2 boosters (before school and/or the adolescent dose), then there is no need to have further doses before age 50. It is important to follow the tetanus-prone wound table in the tetanus section of the NHMRC (2000) *Australian Immunisation Handbook* (7th edition) and not give tetanus-containing vaccine unless indicated.

ADT Catch-up: If a person over the age of 8 has no documented history of a primary course of tetanus-containing vaccines the following catch up schedule is recommended:

Administer 3 doses at the *minimum* interval of 1 month and then 2 boosters, 10 years apart (total 5 doses for catch-up) and complete the adult vaccination program with the new routine booster of ADT at 50 years of age.

The rationale for changing the recommendation for ADT is as follows:

The 'just in case' approach to tetanus vaccination has led to the current situation in Australia where tetanus-containing vaccine is 'over-used' and there is now over-sensitivity to the vaccine across the population leading to increased numbers of serious local and systemic reactions. At the same time there are no cases of tetanus in the 0–50 years age group. Vaccination levels for tetanus across SA are high (66% in 1998 and 69.4% in 1999). People living in regional and rural SA have a higher coverage rate against tetanus than urban dwellers and men have higher rates of immunisation than women.

Note that if the tetanus-prone wound table in

the new *Australian Immunisation Handbook* is followed, a patient may still need to have ADT. These guidelines are based on scientific evidence and current epidemiology of tetanus in Australia. In addition the risk/benefit analysis of disease compared with vaccination must be seriously addressed with patients. The risk of serious local and systemic reactions to the tetanus vaccine now outweighs the benefits for the under 50 population. The UK has also changed its ADT recommendations.

A new routine booster of ADT at 50 years replaces the routine 10 yearly booster doses from 1 May 2000.

Everyone in Australia should now be offered a routine ADT booster at 50 years of age except if the person has had a documented dose in the last 10 years (for example, they had a booster at 42 years). Administer the booster 10 years after that dose (in the example above, at 52 years). No further doses are required unless the person sustains a tetanus-prone wound.

1.6 What about children born before 1 May 2000?

These children must remain on the 1998 schedule and these vaccines will continue to be distributed as usual. However, SAICU will actively manage the phasing out of HibTITER over the next 12–18 months and reduce the amount of DTPa used across all surgeries and clinics in SA.

HibTITER in the 1998 schedule will be replaced by PedvaxHIB in the 2000 schedule. SAICU may not fill HibTITER orders as requested but will be distributing this vaccine on the basis of your past orders and some statistical models that predict your needs over the next 12 months. HibTITER will only be used for children born before 1 May.

SAICU will also be reducing the amount of Infanrix (DTPa) doses distributed across SA since babies born after 1 May will only need 2 doses of Infanrix (at 18 months and 4 years) rather than the 5 doses needed for children born before 1 May.

Note that Infanrix is to be replaced by Infanrix-HepB (at 2, 4 and 6 months) for all babies born after 1 May. SAICU will manage this changeover using the same process as described above for HibTITER.

1.7 How are the resources related to the new handbook and ASVS being distributed?

Education resources to support the ASVS 2000-2002 will be distributed direct to all public sector immunisation services providers by the Commonwealth in May and June. SAICU will also have some supplies for distribution. General practitioners will receive their education materials from their Local Immunisation Coordinators (through Divisions of General Practice) in the rural areas and by direct mail (metropolitan doctors). SAICU will distribute resources to hospitals in the first instance.

The resources to be distributed in May or early June include:

- NHMRC (2000) *Australian Immunisation Handbook* (7th edition)
- *Australian Standard Vaccination Schedule 2000-2002*
- *Understanding infant hepatitis B immunisation* (for hospitals mainly)
- Resources for the Australian Childhood Immunisation Register (includes new encounter forms, information for parents, other stationary and order forms)

The resources to be distributed from late June include:

- *Understanding Childhood Immunisation* (new edition)
- *Myths and Realities* booklet (new print-run with minimal changes) (2nd edition).
- *Keep it Cool*: national cold-chain guidelines (2nd edition)
- *National Guidelines for Immunisation Education for Nurses and Midwives* (1st edition)

Translated versions of *Understanding Childhood Immunisation* (new edition) will be available.

The SAICU web-site is under revision at the moment but when updated on-line, will include new materials and the new SA Immunisation Program's *Immunisation Resource Kit*: (incorporating Model Standing Drug Orders).

SAICU staff are also writing a set of Fact Sheets to assist with the process of valid consent. These pamphlets will be available later in the year. They include:

- Diphtheria, tetanus and pertussis - the facts
- Measles, mumps and rubella - the facts
- Polio - the facts
- Hib disease - the facts
- Hepatitis B - the facts (also will be translated)
- Risks and Benefits of Immunisation - the facts (also will be translated)

Many of these resources can be accessed from the Immunise Australia Program website at <http://immunise.health.gov.au>

The SA Immunisation Program, *Immunisation Resource Kit*: (incorporating Model Standing Drug Orders) will be available from the Public Health SA website shortly. SAICU also plans to publish the vaccination fact sheet series on the website: <http://www.dhs.sa.gov.au/pehs/>

1.8 Have there been changes to recommended immunisation practices?

Yes, there are a few changes.

The new handbook contains a number of changes to recommended immunisation practices including:

1. *Pre-vaccination assessment of conditions* that may preclude vaccinations has been updated. This pre-vaccination assessment can be used in conjunction with the pre-vaccination checklist at every immunisation visit. The additions and changes to the chart include:

- The inclusion of polymixin, gentamicin, yeast, gelatin and egg protein to the *Allergies to vaccine components* segment. This relates to specific vaccines and not all vaccines.
- Change to the need to defer vaccination if person has received a live vaccine within 4 weeks: OPV should be deferred if the person has received oral typhoid vaccine in previous 4 weeks
- Change to the need to defer MMR vaccine or rubella vaccine for 3 months following blood transfusion: defer now only after *whole* blood.

2. *Consent and documentation*

Following further common law cases that have upheld the decision of *Rogers v. Whitaker*, the consent section has been enhanced and now includes a recommendation to document, in the clinical notes, the consent process. The recommendations aim to give maximum legal protection to immunisation providers by promoting best practice in the area of consent.

If a written consent form is used, SAICU recommend the following statement be included on the form:

YES, I have read and understood the information given to me about immunisation including the risk of vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risk and benefits with my doctor/nurse. I request <my child> to be immunised with the

vaccines recommended in the Immunisation Schedule for <infants/pre-school/school-aged children/adults>, as indicated (...in this consent form). I understand that consent can be withdrawn at any time.

3. Other changes

- The routine use of paracetamol before or after vaccination is no longer recommended, unless a whole-cell pertussis-containing vaccine (for example DTPw) is used.
- MMR and OPV can be given together, and when not given on the same day, can be administered at any time before or after each other.
- Tepid sponging of children to reduce a fever of <math><41^{\circ}\text{C}</math> is no longer routinely recommended, as there is no evidence to support the efficacy of this practice.
- The time limit for reporting adverse events following vaccination has been removed, as some adverse events may occur years later.
- Changes in recommended dosage and timing for the administration of adrenaline for the management of anaphylaxis have been made.

1.9 What is the recommendation regarding pre-term babies and Hib vaccines?

There are specific NHMRC recommendations about the use of PedvaxHIB (PRP-OMP) vaccine when vaccinating pre-term infants. Because all infants born from May 1 will commence a 3-dose PedvaxHIB vaccine schedule (not HibTITER), SAICU believes it is timely to remind vaccine service providers about this clinical recommendation. PedvaxHIB is a 3-dose schedule administered at 2, 4 and 12 months of age.

For babies of <math><28</math> weeks gestation or <math><1500\text{g}</math> a 4 dose schedule is recommended with an extra dose being administered at 6 months of age.

Note there are also changes for hepatitis B vaccination for preterm babies.

1.10 What about storages space in clinics and surgeries?

If you believe you will have a problem storing the extra vaccine stock, please contact the VDC as soon as possible or by Friday 9 June.

1.11 Can Hepatitis B Immunoglobulin (HBIG) and BCG vaccine be given at the same time?

During the recent public sector education updates the question of timing between HBIG and BCG (live vaccine) was raised. This was in response to the new pre-immunisation checklist where blood products and live vaccines (eg Rubella and MMR vaccine) require a 3 month gap.

SAICU has obtained expert advice about this issue. SAICU understands that the rule does not apply to BCG vaccine, as TB is an intracellular organism and the production of T cells is important, not antibodies.

For more information contact a registered nurse at the Chest Clinic on 8222-5694.

2. Other news related to the SA Immunisation Program

2.1 IMPs News

SAICU staff are currently testing the upgrade to the IMPs immunisation software that will incorporate the changes to the new schedule. All IMPs users are being kept informed through the IMPs users groups and through the IMPs Newsletter. Some IMPs users have been seconded to participate in testing before the upgrade is distributed to all 38 IMPs users.

For more information contact Rachel Gunn (IMPs Helpdesk) ph 8226-6455 or E-mail rachel.gunn@dhs.sa.gov.au

2.2 Varicella Vaccine is not free

SAICU has circulated information regarding use of the new varicella vaccine that is only available in the private market and is still expensive. There are no plans to add this vaccine to the ASVS in the near future. If you would like a copy of the information please contact SAICU on 8226-7177.

2.3 Updating the Immunisation Record (SA) in the Personal Health Record (PHR), commonly referred to as the blue book

SAICU staff have been collaborating with Child and Youth Health (CYH) to deal with the issue of old *Immunisation record (SA)* forms that might be distributed by hospitals as part of the PHR or blue book.

A new *Immunisation record (SA)* form has been produced to appear in the PHR and is consistent with the 2000 ASVS. It includes the birth dose hepatitis B vaccine. All PHRs delivered to the hospitals from now will contain the new *Immunisation record (SA)*.

SAICU is concerned that a number of previous *Immunisation record (SA)* forms in the PHRs will be used over May and June by midwifery units and SAICU is working with CYH to minimise the problem.

Pads of 50 of the new *Immunisation record (SA)*, will be distributed by CYH to major SA hospitals by the end of May.

CYH has contacted midwifery staff in these major hospitals (see list below) and is working with them to replace the old *Immunisation record (SA)*, within their current stocks of PHR books, which contain the new *Immunisation record (SA)*.

WCH	Ashford	QEH	Burnside	Lyall Mc Ewin
Calvary	FMC	Flinders Private	Pt Augusta	Mount Gambier

CYH has agreed to arrange to distribute the extra pads of new *Immunisation records (SA)* to the above hospitals and to CYH clinics rather than every vaccine provider.

Those children born since 1 May who happen to have the previous *Immunisation record (SA)* in the PHR can have their record changed to the current one at a CYH clinic. Alternatively, the provider can just enter the new vaccines under *other* using the previous *Immunisation record (SA)* form.

For more information contact Deb Petrys, Immunisation Coordinator, CYH, ph 8303-1529.

2.4 Education Updates

Since November 1999, SAICU staff members have completed over 30 education sessions updating public and private immunisation service providers on the changes to the ASVS. A number of workshops will be conducted in some rural areas. If you have not attended an update please contact SAICU and we will put your name on the list for an update when numbers are large enough. SAICU conducted special train-the-trainer education workshops on the introduction of infant hepatitis B vaccine in November last year for hospital midwives.

Maggi Osbourn and Ann Kempe joined Tanya Wittwer from the SA Divisions Inc (SADI) on 29 January and conducted a full day train-the-trainer workshop for Local Immunisation Coordinators and specialist immunisation general practitioners. The 2000 schedule was the main topic. SADI organised this session.

Local Immunisation Coordinators are currently organising general practitioner education evenings and are conducting practice visits around SA to inform surgery staff of the changes involved in the new ASVS and *Australian Immunisation Handbook* (7th edition).

For information about future education updates contact

Merridie Macaitis: ph 8226-6308 or E-mail merridie.macaitis@dhs.sa.gov.au

2.5 GST issues and the Australian Childhood Immunisation Register

The Health Insurance Commission (HIC) plans to issue all immunisation service providers a GST pack. SAICU staff understand that the 10% GST will be added to the \$6 data payment and service providers will have to register for a Australian Business Number to manage the GST.

The HIC says that GST will apply to the ACIR Information Payment, the Service Incentive Payment and the Outcomes Payment. An information kit is currently being sent to all providers who are affected by the GST. The kit contains a covering letter outlining the impact of the New Tax System on payments relevant to the provider, a fact sheet and a copy of the Notification of ABN and Recipient Created Tax Invoice (RCTI) Agreement. The HIC has set up a GST Hotline that providers can call if they have questions regarding the GST. The number is 1800 653 629. The website (www.hic.gov.au/gst) also includes information on the GST.

2.6 SA Immunisation Program's Immunisation Resource Kit (incorporating Model Standing Drug Orders) for 2000 for public immunisation providers

The *Immunisation Resource Kit* has been totally revised in line with the new NHMRC (2000) *Australian Immunisation Handbook* (7th edition).

Comments from various service providers were also incorporated.

The Model Standing Drug Orders (SDOs) for vaccines used in the program are incorporated. Each kit contains print and electronic versions.

SAICU will be distributing the resource kit from 13 June.

Note that because of the considerable cost of printing and distribution, SAICU will only distribute one copy to each public immunisation provider organisation. Additional copies will cost \$30 (to cover printing and postage). GST is included. The order form is in the kit.

Contact Claire Nayda on 8226-7177 for more information. E-mail: claire.nayda@dhs.sa.gov.au

3. Vaccination coverage levels in each SA Council (old boundaries) for children aged 12<15 months and 24<27 months as of March 2000

Table 1 (refer to inserted council coverage table) describes the vaccination levels for SA children aged 12<15 months and 24<27 months in local council areas for the reporting period March 2000.

SAICU consulted with Mr Chris Russell (LGA) and Ms Jane Papin (chair, Local Immunisation Provider Group) to gain permission to publish these data. SAICU plans to publish these data quarterly.

The council data are listed alphabetically. The data have been obtained from the Australian Childhood Immunisation Register. Note that the ACIR continues to analyse the SA council data using the old council boundaries and this remains a problem for interpretation. The data should be interpreted with caution, particularly if the number of children in the age group is less than 40.

The notes at the bottom of the table define what vaccine doses have been included in the formula for calculation of coverage for each age group. The data for children aged under 27 months are minimum estimates only as the ACIR may still have incomplete records for these children.

Each coverage figure can be compared with the SA and Australian data for those age groups. Local councils with coverage lower than 89% for the 12<15 month age group are below the SA benchmark. Local councils lower than 70% may have these results for a number of reasons, not necessarily because the children are incompletely immunised (although this may be true). In some cases the immunisation service providers in the council may not be sending the children's immunisation data to the ACIR or they are sending the data in too late for inclusion into the analysis for the report period.

Local council immunisation service providers who have an ACIR provider number can access these data from the ACIR secure website at www.hic.gov.au (click on the ACIR logo and logon if you are a registered provider).

The ACIR Internet Help Desk can be contacted on 1300 650 039 if you want to discuss accessing the secure website. You can e-mail the ACIR for more information: acir@hic.gov.au

Parents and registered ACIR vaccination providers can check a child's immunisation history by phoning: 1800 653 809 (free call).