



# immunisation newsletter

## In this issue:

---

10 tips for conducting a safe school immunisation session

---

National HPV vaccine program update

---

SAEFVIC for expert adverse event advice

---

NEW - Flu vaccine orders - 2009

---

Hib disease in a baby

---

Baby misses out on rotavirus vaccine dose

---

Pre-immunisation checklist - blood transfusions & immunoglobulin

---

Transition to the new Infanrix *hexa* and Hiberix schedule

---

Notify indigenous status to ACIR

---

Further reading

---



## 10 tips for conducting a safe school immunisation session

Immunisation in schools is a clinical procedure requiring a calm, orderly process to assess each student through consent and vaccine administration. The aim is to minimise the possibility of clusters of children in the same class or school experiencing a high degree of anxiety that can lead to mass fainting. Fainting is a common reaction to vaccination in adolescence. The onset of a faint is immediate, usually within minutes of or during vaccine administration. It is recommended that councils, in co-operation with the school, apply the following procedures for a safe environment for all.

### Fainting is a common reaction to vaccination in adolescence

- 1.** Organise sessions to be run in a venue that allows privacy for each student being vaccinated so that other students are not watching the procedure prior to their vaccine being administered. Privacy is also important for some students if the clothing needs to be partially removed to gain a clear view of the deltoid muscle.
- 2.** Have a separate entry and exit point so students arriving for vaccination do not cross paths with students leaving after vaccination.
- 3.** Arrange for students to be seated when being administered their vaccines in case of an immediate faint.
- 4.** Provide a nearby area for adolescents to wait following the vaccination. This area needs to be readily accessible to immunisation staff in the event of a faint or other immediate adverse event. Arrange for students to be seated while waiting the 15 minutes after being vaccinated in case of fainting.
- 5.** The vaccination area should be free of staircases and concrete as these areas can contribute to injury following a fainting episode.
- 6.** It is important for a person familiar to each class to be present at the venue in order to assist with identification of children, control their behaviour and create a calm environment.
- 7.** Ensure the vaccine session is run with only one class present at a time to minimise the sense of mass anxiety that a few students can engender in other vulnerable students.
- 8.** Following vaccination, students are required to wait a minimum of 15 minutes in a nearby location; however, this time should be longer if a student is feeling dizzy or unwell after vaccination.
- 9.** Following vaccination, adolescents should refrain from strenuous activity for up to 30 minutes in case of a delayed fainting episode.
- 10.** When a SAEFVIC report needs to be notified, ensure the form is completed by a person with a clinical background who can document the signs and symptoms using correct medical terminology to accurately describe the adverse event.

## National HPV vaccine program update

The community-based HPV catch-up program (delivered through general practice and community immunisation services) is provided for:

**12-13\* to 18 year old girls who have not completed their course at school; and 18 to 26 year old women.**

The catch-up program finishes on 30 June 2009. To be eligible for free vaccine, all females in the above age groups must have started the course with their first dose of the vaccine by 30 June 2009, and complete all three doses by 31 December 2009. Please administer catch-up Gardasil vaccine doses using the correct dose spacing recommended.

*\*Note: Eligibility is from the age of the first year of secondary school (Year 7).*

The National HPV vaccine commenced in April 2007 for secondary school girls and in July 2007 for women aged 18 to 26 years. HPV vaccine will continue to be provided for Year 7 girls only from 2009 onwards as part of the National Immunisation Program schedule in Victoria.

A course of three doses of the HPV vaccine, Gardasil is recommended to be administered over a six month time frame.



### Gardasil recommended intervals

Dose 1 = Initial dose

Dose 2 = Two months after the initial dose

Dose 3 = Four months after dose two

If the recommended time intervals have been exceeded, give the missing dose(s) as soon as practicable, making efforts to complete the schedule within 12 months. There is no need to repeat earlier doses of Gardasil vaccine.

### Absolute minimum intervals in exceptional circumstances for Gardasil

Dose 1 = Initial dose

Dose 2 = One month after the initial dose

Dose 3 = Three months after dose two

### Report administered doses of HPV vaccine to the HPV Register

- Telephone 1800 478 734
- Internet [www.hpvregister.org.au](http://www.hpvregister.org.au)



## SAEFVIC for expert adverse event advice



### Adverse reactions to HPV vaccine

If there is a known serious adverse reaction or an unusual or unexpected adverse event that occurs after the administration of a dose of HPV vaccine, then the information is provided to SAEFVIC (Surveillance of Adverse Events Following Vaccination in the Community). Examples of a serious adverse event following the HPV vaccine include:

- A rash within 24 hours or less of administration of a dose
- The occurrence of suspected anaphylaxis.

SAEFVIC is the source of expert advice and is the 'specialist' in Victoria with regard to adverse events following immunisation (AEFI). SAEFVIC will help immunisation providers manage infants, children, adolescents and adults who have had an AEFI.

The following is an extract from the TGA web site at: <http://www.tga.gov.au/alerts/medicines/gardasil.htm>

'If a patient does experience an allergic reaction or other significant adverse effect they should consult their doctor, who may consider referral to a State vaccination coordination clinic before giving further vaccinations with Gardasil. The TGA continues to be in contact with international authorities to monitor the occurrence of any serious events related to the use of Gardasil anywhere in the world. The United States Food and Drug Administration (FDA) and the European Medicines Agency (EMA) have also both assessed Gardasil as being safe and effective.'

### How to report an AEFI to SAEFVIC

Phone: 1300 882 924

Fax: 9345 4163 (24 hours)

Internet: Obtain the SAEFVIC AEFI report form from [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)

Email: [saefvic@mcri.edu.au](mailto:saefvic@mcri.edu.au)

Post: SAEFVIC

Murdoch Children's Research Institute

c/- Royal Children's Hospital

Flemington Road

Parkville VIC 3052

## Flu vaccine orders in 2009

The older persons (aged 65 and over) free influenza (flu) and Pneumovax23<sup>®</sup> vaccination program will commence on 1 March 2009. A new system has been introduced in 2009 in an effort to ensure all clinics will have some flu vaccine for the start of the program.

**In 2009 each clinic will receive a proportion of flu vaccine related to their previous two years initial orders.**

The new system will strive to be more equitable so that no clinic will miss out on flu vaccines from early March. After the delivery of the initial flu vaccine, a clinic can place further flu vaccine orders to meet their usual requirements using the standard vaccine order form.

**Please note:** No flu vaccine orders will be accepted prior to March 2009. Pneumovax23<sup>®</sup> vaccine will also be proportioned for the initial delivery.

Positive reasons for an initial allocated flu vaccine order for 2009:

- All clinics will receive some flu vaccine between the end of February and early March
- All clinics will receive flu vaccine at about the same time within a week or so of each other
- No accidental doubling up of orders leading to overstocking of fridges
- No 'lost' flu vaccine orders
- In the event of reduced flu vaccine stock from the manufacturer initially, vaccine delivery is equitable for all clinics

Clinics can 'opt out' of the initial allocated supply if the clinic is temporarily closed or the delivery timing does not suit for receipt of vaccine. **The Immunisation Program must be informed as soon as possible if a clinic is to 'opt out' of the initial allocation system.** Clinics can commence individual flu and Pneumovax23<sup>®</sup> vaccine ordering from 1 March 2009.

## Hib disease in a baby

### Can your immunisation service identify and consider ways to help families living in difficult circumstances be up to date with immunisation, such as providing a home visiting service?

DHS was recently notified of the death of a 16 month old baby from invasive *Haemophilus influenzae* type b (Hib) disease. The baby was a twin born prematurely with severe disabilities, however the other twin was developmentally normal. The twins had three older siblings. The two eldest children were up to date with their immunisations but since the birth of the twins the younger sibling was overdue for four year old vaccines and the twins were overdue for six and 12 month old vaccines.

Therefore the twins were overdue for their booster dose of Hib to complete their course of Hib vaccination due at 12 months of age.

This case highlights the fact that some families need additional support services due to the circumstances in their lives. The family will have accessed various health services that likely missed opportunities to provide due and overdue vaccines to the children.

## Baby misses out on rotavirus vaccine dose

A mother presented to her doctor for her baby to receive the two month old vaccines on time. The mother's Medicare card did not include the infant's name. The doctor asked her to return when the Medicare card was up to date. Mum returned with the updated Medicare card however the infant was past the recommended age for receiving the RotaTeq vaccine.

Infants have a small window of opportunity (end of the 12th week) to be administered with the RotaTeq vaccine orally otherwise they miss out on any doses of this vaccine. Pertussis containing vaccine also needs to be commenced on time to provide some degree of protection as soon as possible.

The updated Medicare card on the baby's next presentation to an immunisation provider will automatically link to the previous presentation so that the immunisation register (ACIR) will have a complete vaccine record for the infant.



## Pre-immunisation checklist - blood transfusions and immunoglobulin

Following the receipt of any blood product, including plasma, platelets and immunoglobulin, there is a range of intervals from between zero to 11 months that should elapse between administration of MMR and varicella vaccines.

Table 2.3.5, page 103 of The Australian Immunisation Handbook 9th Edition details the type of blood product, route of administration, the dose, and the interval in months for the delay of the vaccine.

Example:

- Whole blood transfusion IV – wait six months before administering MMR and varicella vaccines
- Rh(D)IG (anti D) IM – no waiting required, MMR and varicella vaccine may be administered.

Keep a copy of the current Australian Immunisation Handbook available to allow confirmation that vaccines are safe to be administered or should be delayed due to special circumstances.

Source: *The Australian Immunisation Handbook 9th Edition, page 103, Table 2.3.5.*





## Transition to Infanrix *hexa* and Hiberix schedule

### The primary schedule

- Infanrix *hexa* (diphtheria, tetanus, pertussis, polio, hepatitis B and Hib) is used for all babies for the primary schedule at two, four and six months of age.

- Overdue children aged less than eight years commencing a primary schedule can be given Infanrix *hexa* vaccine.

Formulations with additional antigens such as the Hib antigen in children greater than five years and less than eight years can be used for catch-up.

- Ensure there is a two month spacing between dose two (four months of age) and dose three (six months of age) for Infanrix *hexa* vaccine. Two months is the minimum spacing between doses two and three of hepatitis B vaccine to allow for hepatitis B antibody boosting for lasting protection.



### The 12 month old schedule

- Babies who had Infanrix *hexa* for all their primary schedule and are due 12 month old vaccines are given Hiberix (Hib) plus Priorix and NeisVacC vaccines.
- Babies who had Infanrix *hexa* at six months; six and four months; or six, four and two months are given Hiberix (Hib) at 12 months of age.
- **Only** use Comvax (Hib and hepatitis B antigens) for the 12 month old schedule for those who received Infanrix-IPV and Comvax at two and four months and Infanrix-IPV at six months of age.

The table indicates the current immunisation schedule from birth to four years of age

| AGE              | BRAND  |
|------------------|--|
| Birth            | HBVax 11 Paediatric                                |
| <b>2 months</b>  | <b>Infanrix <i>hexa</i></b><br>Prevenar<br>RotaTeq |
| <b>4 months</b>  | <b>Infanrix <i>hexa</i></b><br>Prevenar<br>RotaTeq |
| <b>6 months</b>  | <b>Infanrix <i>hexa</i></b><br>Prevenar<br>RotaTeq |
| <b>12 months</b> | <b>Hiberix</b><br>Priorix<br>NeisVac C             |
| 18 months        | Varilrix   |
| 4 year old       | Infanrix IPV<br>Priorix                            |

## Notify indigenous status to ACIR

Remember to identify Aboriginal and/or Torres Strait Islander status where applicable when reporting immunisations to the Australian Childhood Immunisation Register. Every client can be routinely asked if they identify as Aboriginal and/or Torres Strait Islander. The data aids in establishing an understanding of the health needs for all Victorians.

## Further reading

Fact sheets produced by NCIRS are available from the web link below including:

- Zoster (shingles) vaccine for Australian adults (New September 2008)
- Varicella-zoster (chickenpox) vaccines for Australian children (Updated October 2008)
- [http://www.ncirs.usyd.edu.au/facts/f-fact\\_sheets.html](http://www.ncirs.usyd.edu.au/facts/f-fact_sheets.html)

## Contact

For further information on the Immunisation Program please contact:

**Immunisation Program, Department of Human Services**  
50 Lonsdale Street, Melbourne 3000

**Phone:** 1300 882 008

**Fax:** 1300 768 088

**Email:** [immunisation@dhs.vic.gov.au](mailto:immunisation@dhs.vic.gov.au)

[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)

