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immunisation newsletter

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Additional information on the vaccine order form

Immunisation providers will be required to include either one of the following details on each vaccine order form request:

General Practitioner's name and Victorian registration number (not a provider number) and signature.

Choice 1: Only one GP name can be accepted per DHS account number. This GP is responsible for all vaccines stored and administered at the site and relevant record keeping.

OR

A Health Service Permit (HSP) number and signature of a person authorised by the permit holder to order on its behalf.

Choice 2: A HSP covers a site where multiple immunisation providers practice and share responsibility for vaccine administration. HSPs are renewed annually and must be held by each site where vaccine is ordered (e.g. medical centre, each campus of a university or an aged care facility).

CSL Logistics (distributors of the vaccine) require this additional information no later than close of business on Friday 19th September 2008.

For information about a HSP please contact the Drugs and Poisons Regulation Group on telephone (03)9096 5050 or toll free on 1300 364 545 or download a HSP application form from www.health.vic.gov.au/dpu

A letter of explanation and a form has been posted to immunisation providers for information and action. The form with the additional information must be faxed to CSL Logistics on 1800 626 746. Local Government immunisation providers are excluded from this regulation.

The GP name and registration number or HSP number ensures the lawful supply of vaccines for the National Immunisation Program under the Drugs, Poisons and Controlled Substances Act 1981 and Regulations 2006. This information will assist the vaccine distributor, CSL Logistics to carry out the required checks prior to lawful supply of a vaccine order.

The vaccine order form with the additional information fields can be downloaded from: www.health.vic.gov.au/immunisation
For further information please contact the Immunisation Program on 1300 882 008.

Sample of additional information fields required to be completed on the vaccine order form

Order from:

Doctor Name:	DHS Account No.:
*Registration No.:	Expiry:

OR

LGA / Centre Name:	DHS Account No.:
*Health Service Permit No.:	Expiry:

**LGA's are not required to complete Registration No. or Health Services Permit No.*

When do I use Hiberix® vaccine?

Hiberix vaccine has become part of the 12 month vaccination schedule from 1 September 2008 for most babies.

When do I use Hiberix vaccine?

Has the child received Infanrix *hexa* at six months of age and is up to date with all vaccines?

YES: Use Hiberix at 12 months of age

NO: Use Comvax at 12 month of age

UNSURE: Call the Immunisation Program on 1300 882 008 for further advice

Remember!

Reconstitute the Hib pellet with the diluent provided for correct vaccine administration

Summary of schedule changes from March 2008

The combination of vaccines used in Victoria in the National Immunisation Program Schedule changed on 1 March 2008 as a result of the Comvax vaccine shortage. The next phase of the change is now complete with the introduction of Hiberix vaccine from 1 September 2008.

- Infanrix-IPV has been replaced by Infanrix *hexa* (diphtheria, tetanus, pertussis, polio, hepatitis B and Hib) for the primary schedule at two, four and six months of age.
- Infanrix *hexa* given at six months of age to a baby, who has received previous scheduled vaccines, provides the final dose of hepatitis B antigen to complete the hepatitis B vaccine course.
- In exceptional circumstances the minimum interval between doses one and two of Infanrix *hexa* is four weeks however the minimum interval between doses two and three is eight weeks due to the hepatitis B antigen.
- Comvax vaccine, while still available is to be used at 12 months of age for infants who have received Infanrix IPV and Comvax at two and four months and Infanrix IPV at six months of age.
- **Do not discard any remaining doses of Comvax vaccine until the vial expires. It may be needed for a catch-up schedule in an overdue one year old child.**
- **Confused?** Call the Immunisation Program on 1300 882 008 for advice.

Who qualifies for free vaccines?

To be eligible for free vaccines on the National Immunisation Program Schedule it is necessary to hold a current Medicare card. Infants and children in Victoria who require vaccines as part of their childhood vaccine program can be vaccinated.

A Reciprocal Medicare Card does NOT entitle the holder to free vaccines under the NIP. Reciprocal health care agreements cover treatment that is medically necessary. Medically necessary treatment means any ill-health or injury which occurs while you are in Australia and which requires treatment before you return home.

Countries which have a Reciprocal Health Care agreement with Australia include the United Kingdom and the Republic of Ireland, New Zealand, Finland, Malta, Sweden, Italy, Norway and the Netherlands.

Minimum spacing between vaccine doses

‘Routinely varying from the schedule can lead to vaccine error administration when multiple vaccine providers are involved’

A regular question to the Immunisation Program is “What is the minimum spacing between vaccines?” This question usually relates to exceptional circumstances where someone is about to travel or when planning a catch-up vaccine schedule.

The 9th Edition Australian Immunisation Handbook, page 30 provides a table listing the minimum age for the first dose of vaccine in exceptional circumstances. The table also lists the minimum age accepted as valid by ACIR.

One discrepancy noted in this table relates to MenCCV (meningococcal C conjugate vaccine). The handbook states 12 months of age is the minimum age accepted as valid by ACIR however a dose of MenCCV given from 11 months (in exceptional circumstances) is considered valid.

The National Immunisation Program Schedule spacing of vaccines is always recommended in normal circumstances. Routinely varying from the schedule can lead to vaccine error administration when multiple vaccine providers are involved.

Minimum age for the first dose of vaccines

Two recent similar scenarios were presented to the Immunisation Program where infants received the two month old scheduled vaccines at nine days old and another infant at four weeks old.

The mothers presented to their immunisation providers with their babies and other children stating they were presenting for their children’s vaccination. The older siblings required vaccines on presentation however the infants were also vaccinated. Unfortunately the date of birth of each infant was not checked prior to vaccine administration and the vaccines were given too early.

In exceptional circumstances, the minimum age of six weeks can be used for the first scheduled vaccines following the birth dose of hepatitis B vaccine. In the scenarios above, the doses of vaccine administered are not classified as valid doses and needed to be repeated at the due age of two months.

Hepatitis B vaccine accelerated schedule

The 9th Edition Australian Immunisation Handbook, page 156 provides a table for accelerated hepatitis B vaccination.

Did you know?

- Engerix-B and Twinrix (GlaxoSmithKline) are the only products approved for an accelerated schedule
- The rapid schedule of 0, 7, 21 days, 12 months should only be used in adults for exceptional circumstances
- A booster dose of Engerix-B / Twinrix at 12 months following an accelerated schedule is recommended for lasting immunity.

Think! Who is at risk of vaccine preventable disease?

The following are some examples of notifications of vaccine preventable disease received by the Communicable Disease Prevention and Control Unit in recent weeks. These examples highlight the importance of people who are vulnerable to vaccine preventable disease due to their occupation or medical condition.

'A health care worker in a high risk setting in a hospital contracts pertussis'

'A child care worker from a child care centre contracts pertussis'

'A cluster of unvaccinated children and adults (18 people) living in a close knit community in rural Victoria contract pertussis. The families also had unimmunised infants less than 12 months of age in the home'

'An overseas male student visiting Australia contracts mumps'

'Two HIV positive people contracted invasive pneumococcal disease'

'Notifications of influenza are on the rise'

Think vaccine preventable disease protection when discussing risk factors such as medical conditions and occupations with your clients. The 9th Edition Australian Immunisation Handbook provides recommendations for medical risk factors and occupational risk workers.

Nurse immuniser reminder!

A reminder that accredited nurse immunisers only have six months after their qualification expiry, to become re-accredited. Please contact NIP@Latrobe.edu.au for more information.

immunisation newsletter

Temperature monitors activated in vaccine delivery

What do I do when a vaccine delivery arrives and the temperature monitor has been activated?

CSL TEMPERATURE INDICATOR

MUST BE COMPLETED IMMEDIATELY UPON RECEIPT

RETAIN FOR OWN RECORDS
DO NOT RETURN TO CSL

☐ Satisfactory

☐ Unsatisfactory

DO NOT USE IF CENTRE IS DARKER THAN RING

Time ____________

Signature ____________

Date ____________

INSTRUCTIONS ON REVERSE SIDE

Immediately contact the Immunisation Program who will advise you as soon as possible about the stability of the vaccines.

- Telephone 1300 882 008 or
- Email immunisation@dhs.vic.gov.au
- Refrigerate vaccines but isolate and do not use until advice is given.

Always check the vaccine stock received matches the delivery docket. If there is a discrepancy, please contact the Immunisation Program to discuss.

Further reading

Healthcare workers and immunity to infectious diseases

In 2002, New South Wales (NSW) Health introduced an updated policy for occupational screening and vaccination against infectious diseases. This study describes healthcare worker (HCW) immunity to hepatitis B, measles, mumps, rubella (MMR) and varicella based on serological screening, following introduction of this policy.

Australian and New Zealand Journal of Public Health 2008, Volume 32, Issue 4, (p 367-371) Sanjyot Vagholkar, Jude Ng, Raymond C. Chan, Jeremy M. Bunker, Nicholas A. Zwar.

Contact

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