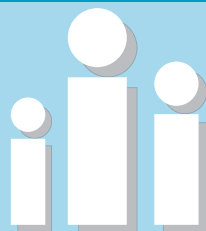


immunisation PROGRAM

newsletter



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For further information on the Immunisation Program please contact:

Postal Address:

Immunisation Program,

GPO Box 4057,

Melbourne, VIC. 3001

Phone: 1300 882 008

Fax: 1300 768 088

Email: immunisation@dhs.vic.gov.au

www.health.vic.gov.au/immunisation

Eligibility for FREE influenza and pneumococcal (Pneumovax 23®) vaccine

Influenza vaccine and Pneumococcal (Pneumovax 23) vaccine are supplied to your centre and made available FREE to the following people only listed in the table:

Free Influenza and Pneumovax 23® vaccines in the community

- All people aged 65 years and older
- Aboriginal and Torres Strait Islander people aged 50 years and older
- Aboriginal and Torres Strait Islander people aged 15 to 49 years at high risk (For more information on 'risk' groups see the 8th Edition Australian Immunisation Handbook pages 223 and 224)

Booster doses for pneumococcal (Pneumovax 23®) vaccine

The 8th Edition Australian Immunisation Handbook recommends that the following people receive a booster dose of the pneumococcal (Pneumovax 23®) vaccine.

Booster doses for Pneumovax 23® vaccine

- Non-Indigenous adults aged 65 years and older: a single booster dose is recommended five years after the first dose
- Non-Indigenous adults less than 65 years of age **with** risk factors: a single revaccination at 65 years of age or 10 years after the first dose, whichever is later
- At four to five years of age, following a primary course of 7vPCV (Prevenar®), in children at risk of either high incidence or severity of IPD because of predisposing medical conditions
- Aboriginal and Torres Strait Islander adults 15 to 49 years **with** risk factors: revaccination five years after the first dose, then again at 50 years or 10 years after the first revaccination, whichever comes later
- Aboriginal and Torres Strait Islander adults 50 years and older: a single revaccination five years later

Source: The Australian Immunisation Handbook 8th Edition 2003, pages 224-225

Immunisation forms on the web

An improvement to the immunisation website has been made. Access to frequently used immunisation forms are now easily located on the homepage at: www.health.vic.gov.au/immunisation

The following frequently used forms are available for downloading to assist your immunisation service:

- [Immunisation vaccine order form](#)
- [Immunisation resource order form](#)
- [Q Fever vaccine order form](#)
- [Starting primary school brochure order form](#). (This is an order form for Victorian primary schools to obtain copies of the brochure *Starting Primary School? This brochure is a guide to assist parents in obtaining a school entry immunisation certificate on enrolment into primary school, which is a legal requirement in Victoria*)
- [Australian Childhood Immunisation Register \(ACIR\) forms \(External link\)](#)
- [Adverse Drug Reactions Advisory Committee \(ADRAC\) Blue form \(External link\)](#)

Immunisation guidelines on the web

Guidelines for immunisation practice in local governments were developed to support local governments with their mass community immunisation programs.

The guidelines provide a framework to consider issues associated with:

- recommended standards for vaccination practice and procedures
- requirements of valid consent
- the roles and responsibilities of personnel involved in immunisation practice under current legislation and relevant Codes of Conduct
- requirements related to vaccination records under privacy legislation

Any service involved with immunisation provision should find the guidelines informative and useful. The Chief Health Officer of Victoria endorsed the guidelines and the Nurses Board of Victoria (NBV) welcomed their full adoption.

The guidelines are available on the immunisation website at: http://www.health.vic.gov.au/immunisation/downloads/immunisation_guide_localgov.pdf



ACIR Immunisation History Statements now available from Medicare Offices

Parents can now access their children's Australian Childhood Immunisation Register (ACIR) records from Medicare offices.

Immunisation History Statements can be provided on the spot for children aged up to seven years. This will not affect the routine statements ACIR sent at one, two and four to five years of age.

Parents should still direct their immunisation queries to ACIR and/or their immunisation provider, as Medicare staff will have limited immunisation knowledge.

Check vaccine stock on arrival is satisfactory

Check your vaccine order when the delivery arrives and **report promptly** to CSL Logistics on **telephone (03) 9389 1408** if there is an issue with the following:

- Read the **COLDMARK** freeze monitor to confirm the delivery has not suffered a cold chain breach
- Check the vaccine stock received is the stock you ordered in content and quantity
- If a vaccine is on back order, the CSL 'Picking slip' will state **Lines not supplied**

Do not hesitate to contact CSL Logistics about your vaccine order as soon as possible after delivery; if there is a problem the issue will be investigated promptly and rectified.

Checklist for immunisation coverage for children under eight years of age - things to consider

Please find below a list of questions that should be asked when a child presents for catch-up immunisation, particularly those from overseas.

- How old is the child by date of birth? The number of doses of vaccine required will vary depending on the child's age
- Is there any documented evidence of vaccine doses given previously?
- Have they received DTP and polio vaccine/s?
- Have they received a MMR combination vaccine after the age of 12 months?
- Have they received meningococcal C vaccine?
- Have they received *Haemophilus influenzae* type b? (applicable only if the child is less than five years of age)
- Have they received pneumococcal vaccine? (applicable only if the child is less than two years of age)
- If born after May 2000, have they received Hepatitis B vaccine?

Vaccine brands used for children under eight years

The following funded vaccines are recommended for use in children aged less than eight years of age.

• Infanrix IPV	Diphtheria/Tetanus/Pertussis/Polio
• Comvax	<i>Haemophilus influenzae</i> type b/Hepatitis B
• Prevenar	Pneumococcal
• Priorix	Measles/Mumps/Rubella
• NeisVacC	Meningococcal C
• Varilrix	Chickenpox
• PedvaxHIB	<i>Haemophilus influenzae</i> type b
• IPOL	Inactivated polio vaccine
• HB VaxII Paediatric	Paediatric Hepatitis B

If a child requires PedvaxHIB, HB VaxII Paediatric or IPOL vaccine/s or if you have any questions regarding immunisation catch-up, please contact the Immunisation Program on telephone **1300 882 008**.

Measles and Mumps infection is still occurring

Two doses of a measles, mumps and rubella vaccine are still important to consider for people aged 18 years to 40 years of age and in particular for travellers. Anyone who does not have documented evidence of receiving two doses of measles, mumps and rubella vaccine should be offered the vaccine.

Since the beginning of 2006 there have been four cases of confirmed measles infection and 7 cases of confirmed mumps infection notified to the Communicable Disease Control Section in Victoria. Eight of the 11 people were aged between 19 years and 31 years of age. Two of the notified cases of mumps were aged 50 and 63 years. One mumps case was aged 7 years.

There were two males notified for measles and two males for mumps infection. The remaining seven cases were females.

Three of the measles cases required hospitalisation.

Two measles cases and two mumps cases had recently travelled overseas. One mumps case worked with refugees and another mumps case had been in contact with another unvaccinated mumps case. The youngest case with mumps had immigrated from overseas two years previously.

Vaccination histories for measles or mumps were mostly unknown. One measles case had not had previous vaccination due to an egg allergy as a child (no longer considered to be a contraindication to MMR vaccine). A mumps case had recovered from leukaemia as a child but had not received catch up vaccination for measles, mumps and rubella. The youngest case with mumps had not been vaccinated.

Recommended sites for administering vaccines in children and adults

The Australian Immunisation Handbook (8th Edition) recommends the following sites be used when administering vaccines to children and adults.

- The vastus lateralis muscle in the anterolateral thigh is preferred for intramuscular (IM) injections in infants and children under 12 months of age.
- The deltoid muscle is the preferred site for IM injections in children 12 months of age and older and adults.
- Subcutaneous (SC) injections should be administered in the areas of the deltoid or over the anterolateral thigh.
- In adults, vaccine injections should not be given in the buttocks because of the possibility of sub-optimal response. However, IM immunoglobulin can be administered into the upper outer aspect of the buttock.

Source:

The Australian Immunisation Handbook 8th Edition 2003, pg 11-12

Intramuscular injection in children aged less than 12 months



Source:

The Australian Immunisation Handbook 8th Edition 2003, pg 11-12

Intramuscular injection for children aged 12 months and older



New Fax Number

Change of Fax number for Immunisation Program

Please be advised of a change to the immunisation program fax number (effective immediately). To order vaccines and resources via fax please use the following number:

1300 768 088

Subcutaneous injection for children aged 12 months and older



Source:

The Australian Immunisation Handbook 8th Edition 2003, pg 11-12