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*For further information on the Immunisation Program:*

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## Influenza Vaccine Supply

The 2005 influenza vaccine supply for people aged 65 years and over is still in limited supply. The shortage is forecast to last until early May 2005.

The Therapeutic Goods Administration (TGA) detected that the vaccine supplied by Sanofi Pasteur did not meet the applicable specifications. The vaccine was not deemed unsafe, but failed the TGA batch testing because one of the influenza strains was not the full strength required by the specifications.

The Chief Medical Officer of Australia, Professor John Horvath has advised in a letter to all doctors that as the influenza season does not usually commence before late May, there will be no significant public health impact from the delay in arrival of the vaccines. Professor Horvath recommended using clinical judgement in determining eligible patients most at risk for influenza and vaccinating them first as stocks become available.

## New Scheduled Vaccines

Varicella (Chickenpox) Vaccine and Inactivated Polio Vaccine in a combination vaccine will be free commencing 1 November 2005.

### Varicella vaccine

Varicella vaccine will be free to all children turning 18 months of age (born on or after 1 May 2004) from 1 November 2005. Also children aged between 10 – 13 years who have not received chickenpox vaccine or who have not had the disease will also be eligible for free vaccine as part of a long term catch-up program. It is anticipated a school-based program commencing in 2006 for Year 7 students will offer varicella vaccine along with the hepatitis B vaccine.

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## Inactivated Polio Vaccine (IPV)

Oral polio (Sabin) will be replaced by inactivated polio vaccine given as an injection. To avoid administering an extra vaccine to infants, IPV will be given as a combination vaccine with at least diphtheria, tetanus and pertussis (DTPa) antigens. Other combination vaccines also containing hepatitis B and *Haemophilus influenzae* type B in conjunction with DTPa and IPV will also be considered for use.

The new National Immunisation Program should be implemented from 1 November 2005 with providers receiving their new vaccine ready for use on the 1 November 2005.

## Administering Tetanus Containing Vaccines

The Australian Technical Advisory Group on Immunisation (ATAGI) has issued the following statement:

"In ATAGI's considered view, there is no minimum interval necessary between dTpa (Boostrix) and tetanus toxoid containing vaccines. Therefore, dTpa can be administered at any time following a previously administered dose of tetanus toxoid containing vaccine."

An example to explain this scenario would be as follows: An adolescent received ADT vaccine at the local hospital on the weekend due to a tetanus prone injury; the next Thursday mum has consented for him to have the Boostrix (dTpa) vaccine in

the Year 10 school program. It is safe to administer Boostrix at this time. The rationale being that the public health benefit of pertussis vaccination outweighs the potential of an increased local reaction.

## Childhood Pneumococcal (Prevenar) Program

Commencing in January this year, the addition of Prevenar onto the childhood schedule at 2, 4 and 6 months of age has been implemented. A catch-up program in 2005 for children born on or after 1 January 2003 is also underway.

An important issue to note when administering Prevenar vaccine is the number of doses required depending on the age of the child at commencement of the first dose.

Age at first dose:

2 to 6 months 3 doses are required  
7 to 17 months 2 doses are required  
18 months and over 1 dose is required

For example, if a child is 17 months and 3 weeks old they will require 2 doses of Prevenar vaccine. It is not until the child reaches 18 months of age according to their birth date will they be eligible for a single dose of vaccine.

Points to remember:

- Depending on the age of the child related to their birth date, more than a single dose may be required
- Remind the parent to return for the follow up dose 1 to 2 months later
- Children with a medical risk factor will require a booster dose of Prevenar at



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12 months of age plus a Pneumovax 23 vaccine at 4 to 5 years of age

- All vaccines scheduled should be given on the same day unless a true contraindication exists
- Report the vaccine doses to ACIR

## Prevenar Catch-up Payment

A payment of \$6 per notification of Prevenar vaccine administered will be made monthly via EFT commencing from May 2005\* by the Australian Childhood Immunisation Register (ACIR). The new payment will be made where:

- The child is born between 1 January 2003 and 31 December 2004 (inclusive)
- The Prevenar vaccine has been administered between 1 January 2005 and 31 December 2005, and
- The vaccination details are received by the ACIR on or before 31 March 2006

\* The initial payment in May will consist of payments for children immunised from 1 January 2005.

If you have any questions about the new catch-up payment, please call the **ACIR enquiry line on 1800 653 809**.

## Prevenar-Conflict with Product Information

Even though the product information (PI) for Prevenar vaccine states a 4 dose schedule should be followed, the National Health and Medical Research Council considers that one less dose than that stated in the PI is adequate for children either under 12 months or over 18 months of age who are not at high risk of

Invasive Pneumococcal Disease (IPD).  
*Source: The Australian Immunisation Handbook 8<sup>th</sup> Edition 2005.*

## Measles, Mumps and Rubella Vaccine

Priorix vaccine has now replaced MMR11 vaccine and will be the vaccine your clinic receives from DHS when you place your vaccine order.

MMR11 vaccine brand will no longer be supplied by DHS. Priorix contains no porcine gelatin therefore there are no issues with pork products and religious beliefs. Priorix has also proven to be less painful for the recipient through research and anecdotal evidence.

## Misreporting on Meningococcal C Vaccine

Recently there have been many reports from people over 65 years of age requesting the free meningococcal C vaccine from their doctor. These people had listened to a news reporter say it was now free and strongly recommended for them.

There is no recommendation from the National Health and Medical Research Council that people over 65 should all receive meningococcal C vaccination and the Australian Government does not fund the vaccine for this age group.

DHS believes the reporter confused the information and should have been reporting about **Pneumococcal disease** and vaccination instead of meningococcal disease.



# IMMUNISATION PROGRAM NEWSLETTER

## 1st Immunisation Nurses SIG Seminar

**Date :** Friday 13<sup>th</sup> May

**Venue :** Manningham Function Centre

**Address :** 619 Doncaster Rd, Doncaster

**Time :** Registration from 9.00am

**Commences :** 9.30 am

**Finishes :** 4.45pm

**Cost :** \$100 (members) \$130 (non-members)

**Cocktail Party :** 5-8pm (optional, onsite, \$30)

**Trade Display :** Drug Companies, Premium Health, Rollex Refrigerators, ACIR/HIC

**Open To :** ALL nurses involved in immunisation

**Further Details & Registration Form :** [www.anfvic.asn.au](http://www.anfvic.asn.au) (click on SIG's)

**OR Phone :** ANF 9275 9333

***HURRY !! MAXIMUM 200 places***

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