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Influenza Season

The annual Influenza vaccine program is underway. If you have not yet placed your influenza and Pneumovax 23 vaccine order you may do so now. A reminder that the **free** influenza vaccine supplied by the Immunisation Program in Victoria is for the following people **only**:

Free Influenza and Pneumovax 23 Vaccines in the community setting:

- **All people aged 65 years and older**
- **Aboriginal and Torres Strait Islanders aged 50 years and older**
- **Aboriginal and Torres Strait Islanders aged 15 to 49 years at high risk.**

There are many other people with medical risk factors who fall out of this age group but whom influenza and Pneumovax 23 vaccine is recommended as discussed in *The Australian 8th Edition Immunisation Handbook* (page 171). **Influenza and Pneumovax 23 vaccine is not supplied free for these people and is not to be taken from the stock supplied for the above targeted groups.** Correct usage within the funded eligible group will ensure sufficient supply of influenza and Pneumovax 23 vaccine for this “flu season”.

Pneumovax 23 Vaccine

The supply of Pneumovax 23 vaccine funded by the State Government of Victoria is now exhausted. Any Pneumovax 23 stock currently held in refrigerators should be strictly provided to the eligible risk groups as indicated in the table above. **Priority for using the free vaccine should be given to those receiving a first dose of Pneumovax 23.** The vaccine can be purchased on the Pharmaceutical Benefits Scheme for \$3.80 for pensioners. Further stock should be available by July 2004.

Vaccine Ordering

During “flu season” the vaccine delivery service is often delayed by an extra one or two days. This is due to the vast increase in required vaccine stock to be supplied to all providers around Victoria. When requiring a vaccine order at this time, allow several days in advance to place the order to avoid cancellation of patients.

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School Camps and Tetanus Vaccine

Both primary and secondary schools request a date of the last dose of a tetanus containing vaccine to complete the medical form prior to a child attending school camp. Many parents interpret this information to mean their child is required to receive a tetanus containing vaccine so attend a doctor for the dose.

Generally most children should have received a 4 year old dose of DTP vaccine in either the prep. grade or at 4 years of age as part of the childhood immunisation schedule. This dose provides protection for 10 years until Year 10 of secondary school (unless there has been a tetanus prone injury in the meantime). It is not recommended to administer a tetanus containing vaccine prior to school camp, "*just in case*". A documented date of the prep. or four year old DTP vaccine can be obtained from the local government school immunisation provider or family records.

Year 10 Boostrix (dTpa) Vaccine

The Year 10 secondary school program for diphtheria, tetanus and acellular pertussis vaccine is underway this year. The vaccine is provided through the school based immunisation program however other immunisation providers may access a small quantity of Boostrix vaccine for Year 10 students who have missed the school program or 15 year olds who have left school.

With the introduction of an adult / adolescent formulation of diphtheria, tetanus and pertussis, it is important to **avoid administering vaccine such as ADT and Tetanus Toxoid to adolescents around 15 years of age**. A monovalent adult diphtheria and monovalent pertussis vaccine is not available so it is not possible to catch up missed vaccine antigens. Boostrix is the recommended vaccine and ensures a pertussis booster to reduce the circulation of whooping cough in the community.

Pertussis

The Department of Human Services (DHS) was recently notified of the death of a child from pertussis (whooping cough); this is the first death notified in 2004. The child was a six-week-old infant and the most likely source of the infection was her 15-month old fully vaccinated sibling. The sibling required multiple presentations to a medical practitioner (over a four-week period) before she was diagnosed. Her illness did not require hospitalisation.

Early diagnosis and contact tracing of high-risk household contacts (such as infants), regardless of vaccination history, is vital in preventing the transmission of pertussis. Pertussis is a notifiable disease requiring both suspected and confirmed cases to be notified to the Communicable Diseases Section of DHS on telephone **1300 651 160** or fax **1300 651 170**.

Pertussis can be diagnosed, and notified, on a clinical basis if the patient has an acute cough illness lasting ≥ 14 days without other apparent cause and any one of: paroxysms; whoop; or post tussive vomiting. Apnoea may be the only clinical manifestation of whooping cough in infants. Laboratory confirmation can be problematic but should be sought where possible. A nasopharyngeal aspirate is the best specimen to obtain within 21 days of cough onset but is likely to be falsely negative after that or if effective antimicrobial therapy has commenced against *Bordetella pertussis*. Serology using *B. pertussis* specific IgA may be falsely negative but a positive result is highly reliable in the presence of appropriate symptoms.

Similar Vaccines - Clarification

Over the last 5 years there has been a range of changes to the immunisation schedule with the introduction of new vaccines. Some of these vaccines are similar but are used in different circumstances. Similar vaccines are diphtheria,



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tetanus and acellular pertussis vaccines (ie. Infanrix and Boostrix) and pneumococcal vaccines (ie. Prevenar and Pneumovax 23) which are used in Victoria.

Infanrix (DTPa) is recommended for children under 8 years of age for their primary course of diphtheria, tetanus and acellular pertussis vaccination at 2, 4 and 6 months. A booster of Infanrix is given at 4 years of age. This vaccine is not given after the 8th birthday.

Boostrix (dTpa) is recommended at 15 years of age in Year 10 of secondary school. A single vaccination is required with no further booster doses recommended in later life with Boostrix vaccine. For further information see *The Australian 8th Edition Immunisation Handbook*, 3.16 Pertussis, page 205.

Prevenar (7vPCV) is the recommended childhood pneumococcal vaccine for all infants at 2, 4 and 6 months of age. However it is only currently funded for Aboriginal and Torres Strait Islander children up to 2 years of age and for children up to 5 years with certain medical risk factors for pneumococcal disease. A booster dose of Prevenar at 12 months of age is recommended for the latter group.

Pneumovax 23 (23vPPV) is the recommended pneumococcal vaccine funded in Victoria for adults 65 years of age and over and for Aboriginal and Torres Strait Islander people 50 years of age and over (funded by the Australian Government). It is also funded for Aboriginal and Torres Strait Islander people aged 15 to 49 years with medical risk factors for pneumococcal disease. Pneumovax 23 is also recommended at 4 to 5 years of age for children with medical risk factors. Other people under 65 years of age may benefit from Pneumovax 23 eg. smokers, however it is not funded for these people. For further information see *The Australian 8th Edition Immunisation Handbook*, 3.18 Pneumococcal Infections, page 220.

Adult Diphtheria Vaccine Ceased

CSL has notified immunisation providers that Diphtheria Vaccine Adsorbed (diluted for Adult use)

has been deleted from their vaccine range.

The 12 Month Old Schedule

A reminder the National Immunisation Program vaccine schedule due at 12 months of age is Measles, Mumps and Rubella (MMRII or Priorix) vaccine, Hib and hepatitis B vaccine (Comvax) and Meningococcal conjugate C vaccine (NeisvacC, or Meningitec or Menjugate). These vaccines should not be deferred unless there is a true contraindication. The three vaccines should be administered on the same day in separate limbs and using separate syringes. If a parent wishes for their child to receive the varicella vaccine at 12 months of age, it is either given on the same day in a separate limb (ie. 4 limbs are used). Otherwise administer the vaccine 4 weeks later to ensure a space of 4 weeks between live attenuated vaccines.

Vaccine Sites in Children

Less than 12 months of age:

- **anterolateral thighs**

12 months of age to 4 years of age and older:

- **deltoid**

When more than 2 injectable vaccines are required over 18 months of age, it is the opinion of the provider if there is sufficient muscle mass to deliver 2 intramuscular injections (spaced by 25mm) into one deltoid. If there is insufficient muscle mass for this technique, then one injection should be given into each deltoid, and an anterolateral thigh used for the third or fourth injection. **If using the thigh, the vaccine least likely to cause swelling and redness should be selected for this site** and the vaccine should be injected slowly so as to reduce the risk of local reactions and pain.

Change of Telephone Contact

The Immunisation Program has a new interactive phone system in order to improve the customer service delivery of information and assistance to both service providers and members of the general public. The new telephone contact number for the Immunisation



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Program is **1300 882 008**. This number is now active. When you call the Immunisation Program you will be asked to choose from one of two options using your touch phone keypad. These options are:

1. Immunisation related medical enquiry
2. Vaccine order enquiry

Streamlining calls into these two categories allows for a much more effective service as callers will be directed to the first available staff member. For providers and the public without a touch phone the call will automatically be directed to a staff member. As with all 1300 numbers, it is still the cost of a local telephone call. The fax numbers remain unchanged.

Immunisation Web Site

There is a new web address for the immunisation site. This is due to the Department of Human Services setting up one health site, which will be marketed as the single source of Victorian health industry related information and services. The new web address is: www.health.vic.gov.au/immunisation. The old website address will automatically redirect you to this website for the next year. There is a new “Frequently asked questions” section on the website which includes a question and answer format. The fact sheets include information on the following:

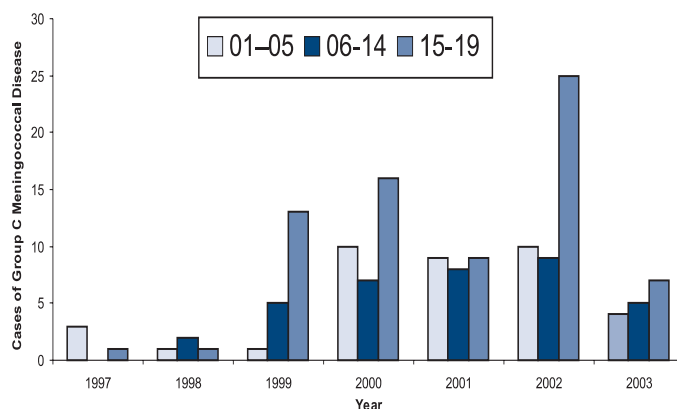
- Childhood pneumococcal vaccine
- Boostrix
- National Immunisation Program (NIP) and Australian Standard Vaccination Schedule (ASVS)
- A link to the Myths and Realities booklet on the Australian Government health website

Meningococcal Serogroup C

The following graph illustrates the notifications of meningococcal serogroup C reported to the Communicable Diseases Unit, Public Health, Department of Human Services Victoria. The graph demonstrates the commencement of the national

Meningococcal C vaccine program has reduced the incidence of meningococcal C disease in the targeted age groups. The notifications of meningococcal serogroup C disease in 2003 for 1 to 19 years occurred in non-vaccinated people.

Figure 1 Notifications of Group C Meningococcal Disease between 1997 and 2003, by age group Victoria



Overall the number of notifications of invasive Meningococcal disease was lower in 2003 than was seen in 2002 (47 and 88 respectively).

“Blow the Pain Away”

The Royal Children’s Hospital Melbourne is trialling a new technique to alleviate discomfort and pain associated with vaccination.

The method is known as “blow the pain away” and is a form of distraction technique. A hand held “windmill” toy is used and the child (generally a 4 year old) is asked to blow the coloured blades while being vaccinated. To date the results have been very promising showing it reduces the stress for the child and recovery following vaccination is much quicker. It also acts as a way for the parent to assist in the vaccination process by encouraging the child to blow the “windmill” blades and watch them spin.

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