

Immunisation Program Newsletter

Issue 1 - August 2002

About the Newsletter

The Immunisation Program produces a newsletter when immunisation information needs to be reported or as frequently asked questions occur. The previous newsletters have had the month in which they were written, but it has been decided to number the issues so that immunisation providers know if they may have missed a previous issue.

By filing newsletters, you can refer back to them to confirm information and ensure you are up to date with immunisation information. If you have any feedback or suggestions, feel free to contact us. Please find contact details at the end of this newsletter.

The Royal Melbourne Show – Q Fever

Once again the Mobile Immunisation Service (MIS), managed by Casey Community Health, will be in attendance at the Royal Melbourne Show between the 19 - 29 September 2002.

The theme this year is "rural" with a focus on Q Fever Vaccination.

The Commonwealth Government has established the world's first National Q Fever Management Program to help service the health needs of Australia's rural and regional communities. MIS will provide literature and answer enquiries about Q fever. The caravan can be found at the McGregor Street site in front of the VASA building. The service will also provide the Australian Standard Vaccination Scheduled vaccines for anyone looking for immunisation while at the show.

Rubella Vaccine

Rubella vaccine, in a monovalent form, will **no longer be available** from the Immunisation Program.

The NHMRC recommends that a person requiring immunisation for rubella due to inadequate antibody levels, ideally should receive MMR (measles, mumps, rubella) vaccine. This is also in line with the national MMR campaign targeting the 18 to 30's age group.

Meningitec Vaccine

Wyeth's ability to supply the vaccine is limited at present. They are attempting to distribute the available stocks in the most appropriate manner. Vaccines have been set aside for the second and third doses for infants less than twelve months of age. Contact Wyeth on 1800 700 802 to arrange supply. **This means of supply is only available for infants who have already commenced Meningitec vaccination.**

Oral Polio vaccine

It is an important time to reinforce the storage and handling of oral polio vaccine as the price of OPV has increased from \$3.70 to \$7.00 per bottle of 10 doses (2 drops equals 1 dose). Take the bottle from the fridge, small artery forceps are useful for removing the metal cap, apply the dropper and place 2 drops onto the plastic spoon then replace cap and refrigerate until next time. *The 7th Edition Immunisation Handbook* (page 189 to 190) states **the reuse** of OPV under the following conditions:

- The expiry date has not passed
- It has been stored under appropriate cold chain conditions (2°C to 8°C)
- Opened vials of OPV that have been taken out of the health care centre for out-reach vaccination activities are discarded at the end of the day.

Communicable Diseases Alert

Measles cases continue to occur around the country. Think about MMR vaccine when discussing travel immunisation with young travellers who are going overseas. Measles illness in overseas travellers can mean the virus is spread over a wide-ranging area as the tourist spots around Australia are visited. When rubella antibodies are low in women, remember to use the MMR vaccine at least two months prior to pregnancy or shortly after delivery.

Pertussis in unimmunised young people and older people is ongoing. The Australian Technical Advisory Group on Immunisation (ATAGI) is currently looking at the recommendations of booster doses of pertussis vaccine in older people.

Hepatitis B cases have been confirmed in household contacts of hepatitis B carriers. It is important that household contacts are assessed for the administration of the hepatitis B vaccine. *The 7th Edition Immunisation Handbook* (page 126) discusses the recommendations in household contacts (other than sexual partners) of acute and chronic hepatitis B carriers.

The Golden Rules of immunisation

The 7th Edition Immunisation Handbook (page 247 to 250) lists 35 Golden Rules of Immunisation. We will provide a few Golden Rules each newsletter.

General issues related to the Schedule:

1. Follow the Australian Standard Vaccination schedule (ASVS) guidelines and the recommendations of the NHMRC at all times. All infants are now offered first hepatitis B vaccine at birth.
2. Administer all the recommended vaccines on the Schedule at the recommended time. Reducing the intervals between doses should only be done during a 'catch-up' schedule.
3. Check and record the immunisation status of all children and adults regularly, and offer opportunistic immunisation if needed.
4. Do not defer, postpone or advise against immunisation unless a true contraindication exists.

Antivaccination and the World Wide Web

A recent study was undertaken by staff from the Department of Public Health and Community Medicine, University of Sydney and the National Centre of Immunisation Research and Surveillance.

The aim was to determine the likelihood of finding an antivaccination site on the world wide web and the style and relevance of the information located. The conclusions showed that there is a high probability that parents will encounter detailed, emotive antivaccination material. The word "vaccination" is far more likely to result in antivaccination sites than the word "immunisation". Many of the sites masqueraded as official scientific sites and therefore a greater chance for the public to make misinformed decisions. The study suggested that since many of the websites shared similar characteristics, parents could use a checklist to discern if the source is trustworthy. The checklist might include:

- Highly emotive content
- Conspiratorial claims
- Privately published material, newspaper articles, given as sources of information
- Claims to have privileged information unknown to medical authorities

A web site recommended to parents to review stories and images of children harmed by vaccine preventable disease is:

<http://www.immunize.org/stories/unprot.htm>

If you wish to review the whole article, please contact the Immunisation Program (details are below).

Faxing an Order

Did you know that the Immunisation Program receives over 20,000 faxed vaccine orders annually? To ensure your vaccine order is supplied, we recommend the following:

- Fully complete delivery details
- Write clearly
- Do not add a cover sheet as the fax is dedicated to immunisation only
- Always include your DHS account number (which is located on the CSL Delivery docket beside "INVOICE TO:" directly above your delivery name and address.)

For further information on the Immunisation Program:

Postal address: Immunisation Program,
17/120 Spencer Street, Melbourne 3000.

Phone: (03) 9637 4180

Fax: (03) 9637 4653 or (03) 9637 4186

Email: immunisation@dhs.vic.gov.au

Who is receiving the Immunisation Newsletter?

- Are we reaching the right people with our newsletter?
- How many staff in your workplace need up-to-date immunisation information?

To ensure that all immunisation providers are receiving our correspondence, we would appreciate if you complete the form and fax it to our office on (03) 96374653 or (03) 96374186 **by 31 August 2002**. Please use your vaccine delivery address for this purpose to complement our database.

Name:	
Address:	
No. of copies required:	
Phone:	
Fax:	
Email:	

Thank you for your assistance.

Introduction of Vaccines in Australia

The following table is a summary of the introduction of vaccines into Australia. It is also indicative of the frequency of immunisation changes that have occurred over a short period of time in recent years.

Vaccine Start Dates in Australia	
1804	Small Pox from England
1917	Small Pox produced in Australia
1917	Tetanus antitoxin for Armed Forces
1924	Diphtheria toxin - antitoxin Melbourne City Council
1925	Tetanus toxoid
1925	Pertussis toxoid used in case contacts and epidemics
1927	Diphtheria toxoid
1932	Community immunisation for the public
1945	Pertussis immunisation by Melbourne City Council
Circa 1945	Tetanus toxoid available for civilians after World War 2
1953	Diphtheria/Tetanus/Pertussis
1956 May	SALK (Polio)
1966 Sept	Polio Sabin (OPV)
1969	Measles
1971 Feb	Rubella
1980	Small Pox Vaccination Ceased
1981 July	Mumps
1983 Feb	Measles/Mumps
1983 Mar	Hepatitis B Vax (Plasma)
1986	CDT-DTP 4th Dose (1 st Pertussis booster)
1987 Nov	Hepatitis B Vax II (Recombinant)
1989 June	Measles/Mumps/Rubella (MMR)
1992 May	Haemophilus Influenzae (Hib) (18/12 - 5)
1993 July	Hib (2/12 - 18/12)
1993 July	Hepatitis A (Havrix)
1994	MMR males/females Grade 6
1995	CDT-DTP 5th Dose (2 nd Pertussis booster)
1997	Influenza program for over 65's
1997 Oct	Infanrix replaces 4th & 5th dose Triple Antigen
1998	Pneumococcal Pneumonia (over 65's)
1998	MMR Primary School Program
1998	4 year old booster DTP, MMR, OPV program prior to school
1998	Hepatitis B Paediatric (3 doses) school program
1999	MMR 18 to 30 year old campaign
1999	Infanrix – 2 months to 4 yrs inclusive
2000 May	Hepatitis B Birth dose
2000	Comvax (Hib-Hepatitis B)
2000	Hepatitis B Adult(HBVax11)Year 7 school program (2 doses)
2000	OPV ceased in Year 9/10 school Program
2000	Hepatitis B boosters ceased (exceptions)
2000	ADT boosters 10 yearly ceased
2001	Varicella (Chickenpox) (not on ASVS)
2001	Childhood Pneumococcal Pneumonia
2001	Hib TITER vaccine ceased (only Pedvax available)
2002	Meningococcal C (not on ASVS)

