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Phase 2 Meningococcal C Program

The Commonwealth government's national meningococcal C program is well underway in Victoria with Phase 2 having commenced in July this year. This means that all children aged six to 14 years are now eligible for free meningococcal conjugate C vaccine through school based programs only. Children aged one to five years, and those 15 to 19 years not attending school, are still eligible to be vaccinated in GP or local government settings.

School based programs will be provided by local government immunisation services targeting children from Prep to Year 9 in school. Local governments will visit all schools in Victoria. The school based meningococcal C program will vary between local government services however all primary and secondary schools should be visited by mid 2004.

Recording and reporting of meningococcal C vaccine:

As with Phase 1, please continue to send meningococcal C vaccine notifications for children under seven years to the Australian Childhood Immunisation Register (ACIR). Vaccine administered to children seven to 19 years is reported to the Department of Human Services (DHS) Immunisation Program. If you record vaccines on a computerised database, please continue to do so and a follow up of extracting that data will be provided at a later stage. For immunisation providers who do not have computerised recording systems, please continue to fax through data on vaccine administered for the seven to 19 year age group.

Statistics from the Australian Childhood Immunisation Register as at 31 May 2003 shows Victoria has immunised 41.50% of children aged between one and five. In Australia overall, 33.7% have been immunised. This is a great effort by Victorian immunisation providers to achieve this result. Perhaps there are children under seven years who have received meningococcal conjugate C vaccine and it has not been reported to ACIR. The Health Insurance Commission will pay \$6 per meningococcal conjugate C vaccine 'catch-up' dose administered and reported to ACIR for children less than six years of age.

Meningococcal C vaccine is now part of the 12-month-old immunisation schedule along with MMR and Comvax vaccine. It is important that all vaccines due at 12 months of age should be strongly encouraged to be given by all immunisation providers for disease protection. This means three separate vaccines in three separate limbs. As of January 2004, the ACIR will not pay the 12 month immunisation encounters unless all appropriate vaccines have been administered.

Childhood Pneumococcal Vaccine

It has become increasingly important for immunisation providers to be well informed about the 7-valent conjugate pneumococcal vaccine. This vaccine is currently selectively funded for Aboriginal and Torres Strait Islander infants and children with certain medical conditions. This limited funding may have inadvertently given doctors and nurses the impression that this vaccine is not important for all babies and infants. This safe and effective vaccine is recommended for all infants <2 years by ATAGI (the Australian Technical Advisory Group on Immunisations) and by the Royal Children's Hospital Immunisation Service. The three doses of conjugate pneumococcal vaccine are recommended to be given at the same time as the routine 2, 4, and 6 month immunisations. The earlier this immunisation is given the better because the age peak it affects is very young. As a public health measure introducing this vaccine as a single dose at 18 months will not prevent a large number of the cases and is not a good option. Catch-up doses are recommended for infants who have missed out on the early three dose primary course. From 7 - 17 months, 2 doses are required, approximately 2 months apart. Toddlers 18 months and older are given a single dose. Catch-up doses can be given at the same visit as the routine 12-month or the 18-month immunisations.

Children between 2 and 5 years of age are also at risk of pneumococcal disease, however, the incidence of pneumococcal disease declines in this age group. The age cut-off point is therefore a little arbitrary, however, it is appropriate to offer children 2 – 5 years of age a single catch-up dose, though this practise is not universal.

It should be noted that this accepted dosage regimen differs from the product information that

states 3 doses are required for the 6-12 month age group and a booster dose is at 1 year for babies given the 2, 4, 6, month primary course. A booster dose is not currently considered to be necessary following the 3 dose primary schedule. Dosage requirements for children with immunodeficiencies are different and are not covered in this article.

Pneumococcal bacteria cause meningitis, septicaemia, pneumonia and otitis media and other conditions. The 7 strains, included in the vaccine, cause about 90% of invasive pneumococcal disease in the non-indigenous population of Australia. Pneumococcal meningitis is currently the commonest cause of meningitis in children under 5 years of age. Though this vaccine is expensive, and therefore at times awkward to discuss, we can not deny families being informed about its availability and importance.

7-valent conjugate pneumococcal vaccine

Age	Number of doses
2 - 6 months	3
7 – 17 months	2
18 months – 5 years	1

Optimal interval ≥ 2 months

Questions about the 7-valent conjugate pneumococcal vaccine can be answered by the Royal Children's Hospital on 9345 6599 or the Immunisation Program DHS on 9637 4180.

Written by Dr Jenny Royle, Royal Children's Hospital, Melbourne.

Royal Children's Hospital Research Trial Information

Preschool Vaccine Local Reaction Study

Do you have any patients who had a local reaction (redness and swelling) after their 18 month DTPa (Diphtheria-Tetanus-Pertussis) vaccine?

Are they due their routine preschool vaccines?

If **yes**, the Immunisation Service at the Royal Children's Hospital would like your help with a new study. The study compares a new preschool low dose vaccine (Boostrix™), with the vaccine currently given to children at 4-5 years of age, to see whether the new vaccine reduces the frequency or severity of local reactions.

If you would like more information about this study, please contact study staff at the Immunisation Service on 9345 6599 Royal Children's Hospital

Hepatitis B Vaccine for Year 7 Students

All students in Year 7 are offered free hepatitis B vaccine through a school-based program. These students receive a two-dose course of adult hepatitis B vaccine (HBVax II by CSL). Following the initial dose of Adult HBVax II hepatitis B vaccine 1ml IM, the second dose is given four to six months later. This vaccine regime is approved for use in children aged 11 to 15 only. If a student is absent from school on immunisation day, it is important this regime is followed to ensure continuity and the unnecessary requirement of receiving three vaccines. Two doses of Adult HBVax II in this age group have been proven to be safe and effective and provide long lasting protection against hepatitis B.

ADT Vaccine Schedule

Adult diphtheria and tetanus (ADT or dT) vaccine is recommended for use in people eight years and over. ADT vaccine is used for 'catch-up' vaccination in people who have no documentation of previous diphtheria and tetanus containing vaccines. A primary course of ADT consists of three doses one to two months apart and then two boosters are given at ten yearly intervals. It is routinely offered to all Year 10 secondary school students or adolescents aged 15 to 17 who are not attending school. ADT is also routinely scheduled at age 50 if a dose has not been administered in the previous 10 years. (*Source: 7th Edition Immunisation Handbook and Draft 8th Edition Immunisation Handbook*).

Tetanus Prone Wounds

In the event of a tetanus-prone wound a booster dose of tetanus containing vaccine should be given if more than five years have elapsed since the last dose. If there is any doubt about the adequacy of prior tetanus immunisation, tetanus immune globulin should be given as well as a tetanus toxoid containing vaccine.

Use a combination vaccine of Td or DTPa (for children who have not reached their 8th birthday) in preference to tetanus-toxoid alone in order to boost community protection against diphtheria (*Source: Draft 8th Edition Immunisation Handbook*).

Pertussis Cases

Seven children under 12 months of age with pertussis have been notified to the Communicable Diseases Section of DHS since the start of July. The youngest infants were 23 days old, 35 days old and 60 days old (all too young to be immunised), a four month old infant (first dose of Infanrix given and not yet due for second dose), ten-month-old twins (fully vaccinated) and a 20 month old child (unvaccinated). One infant



had a mother with a cough and there was no case of illness with cough reported in any of the other close contacts.

The product information for Infanrix vaccine states its efficacy for the pertussis component is about 84%. Because of this efficacy level, in communities where there is high immunisation coverage above 90% it is likely that some vaccine preventable diseases will occur in vaccinated people. Maintenance of cold chain for vaccines is also important to ensure vaccines administered are effective.

A pertussis containing vaccine (Boostrix) is licensed as a booster for people aged 10 years and over but it is not currently recommended as a routine vaccination. On an individual basis, any adult expressing an interest in receiving this vaccine should be encouraged to do so provided there are no contra-indications.

Maternal antibody does not give adequate protection against pertussis, so babies can be infected before they are old enough to be vaccinated. In recent years among highly immunised communities, many cases of pertussis have been recognised in adults and adolescents due to waning immunity. Source: Draft 8th Edition Immunisation Handbook.

Reporting Immunisations Promptly

Delays in reporting immunisation encounters to the ACIR impact not only the ACIR reporting and coverage rates, but can also affect parents claiming family assistance payments, delay payments to providers and cause Immunisation History forms to be completed unnecessarily.

Twenty per cent of immunisations are reported to the ACIR within five days of the service date. Sixty-two per cent of immunisations have been sent to the ACIR within two weeks of the service date. Seventy-five per cent of services have been notified,

however, 25 per cent remain unreported three weeks after the service date. Ninety per cent of services have been notified within six weeks after the service date.

Reporting delays can impact:

- **Family payments and Immunisation History (IMMU-13) forms.**

Two family assistance payments are linked to the immunisation status of a child; the Child Care Benefit and the Maternity Immunisation Allowance. Parents can authorise the Family Assistance Office to check the immunisation status of a child, as recorded on the ACIR, when applying for these benefits. Delays in reporting immunisation services to the ACIR often result in families receiving letters from the Family Assistance Office informing them that their child is not up-to-date with their immunisation. Unless the parent can confirm that their child is up-to-date or has an approved exemption, their payment could be cancelled.

When this happens parents often ask immunisation providers to complete an Immunisation History (IMMU-13) form. This places a time burden on both the parent and provider that could have been prevented if the immunisation service had been reported promptly to the ACIR.

- **Immunisation history statements**

When immunisation services are not notified promptly to the ACIR, a child up-to-date with immunisation will be shown as due or overdue on immunisation history statements sent to parents by the ACIR. This can result in parents making unnecessary enquiries with their provider about their child's incomplete immunisation history.

• GPII Outcomes payments

The immunisation status of children is currently assessed for the GPII Outcomes payment using strict age appropriate immunisation rules and does not allow for children following a catch-up schedule. From July 2003, GPII will adopt the ACIR's due and overdue rules to determine immunisation status. These new arrangements will provide a more consistent approach in determining immunisation status and will cater for children following a catch-up schedule.

The new assessment process will use the immunisation status recorded on the ACIR for each child at the time the GPII Outcomes calculation is made. It will be important, therefore, that immunisation services are promptly registered on the ACIR.

• ACIR reports

When immunisation services are not reported promptly to the ACIR a child who is up-to-date with their immunisation will be shown as due or overdue on the ACIR reports used by providers. This can result in immunisation providers unnecessarily trying to follow-up children reported as overdue.

• ACIR coverage

Immunisation coverage rates are calculated every three months. A child may be up-to-date with immunisation but will not be assessed as such when these details are not recorded on the ACIR in time to be included in the assessment. This can result in immunisation providers unnecessarily trying to follow-up children reported as overdue.

Immunisation 'Catch up' Scenario

'Catch-up' immunisation is a regular occurrence that can either be very simple or be quite complicated depending on the records presented. If the child is under 7 years and has received previous vaccines in Australia, then the ACIR can be contacted if a parent does not have documentation or holds incomplete

documentation of an immunisation history. To assist in planning 'catch-up' immunisation, a table has been provided with a scenario to give an example of planning a 'catch-up' program. The following information is from the *Draft 8th Edition Immunisation Handbook*.

- Plan the 'catch-up' on the basis of documented evidence of previous vaccination.
- As a child gets older the recommended vaccines change or they might need to be omitted from the schedule. For example DTPa containing vaccines are used up to the eighth birthday and thereafter dT (ADT) or dTpa (Boostrix if a primary course of DTP was administered) can be used.
- For incomplete or overdue vaccinations, build on previous documented doses. Never start the schedule again, regardless of the interval (unless there are no written vaccination records).
- If more than one vaccine is overdue, it is appropriate to give all the vaccines at one visit (in separate syringes and separate sites).
- The intervals between doses can be reduced when implementing a 'catch-up' immunisation program but the optimal intervals recommended in the ASVS should be used once the child or adult is back to the recommended vaccine and dose number for their age.
- Or use the Immunisation 'catch-up' calculator on the web as follows:

www.health.sa.gov.au/immunisationcalculator



‘Catch-up’ Scenario

A child aged two years attends your clinic. The mother states the child is behind in immunisations. The yellow book has a record of the 2 month and 4 month immunisations completed but no record of a sixth month or 12 month immunisation being given. After contacting ACIR on 1800 653 809, it is confirmed that both these vaccine schedules are missing.

What vaccines should be given today and when should mother return to bring the child up to date for age?

The 7th Edition Immunisation Handbook, page 43 to 49 was used to determine the ‘catch-up’ schedule.

IMMUNISATION ‘CATCH-UP’ TABLE

IMMUNISATIONS ALREADY RECEIVED							
AGE OF CHILD	DTPa	HIB-HEP B	OPV/IPV	MMR	MEN CCV	HEP B	OTHER
Birth						✓	
2 months	✓	✓	✓				
4 months	✓	✓	✓				
IMMUNISATIONS TO BE GIVEN							
AGE OF CHILD	DTPa	HIB-HEP B	OPV/IPV	MMR	MEN CCV	HEP B	OTHER
2 years	✓	✓	✓	✓	✓		
2 1/2	✓						

Immunisation Resources

Immunisation fact sheets are available to assist with informed consent prior to immunisation. They are available for 13 vaccine preventable diseases. They contain information about the disease and its side effects and the vaccine and possible side effects. It also lists the contraindications to the vaccine. The immunisation website has these fact sheets translated into 17 languages. The **‘Pre-immunisation checklist’** allows for discussion and clarification of contraindications prior to immunisation.

‘Possible reactions to immunisation’ provides information about the vaccines administered and their common reactions and what to do if a reaction occurs. The **‘Personal Immunisation Record’** is a wallet size card suitable for recording vaccines to adults or any person who does not have a permanent record of vaccines. An Immunisation Resource order form can either be faxed or downloaded from the Immunisation website. All resources are provided free of charge

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