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Meningococcal C Conjugate Vaccine (FAQ's)

Some Frequently Asked Questions and answers about meningococcal C conjugate vaccine:

- Q.** When will children turning six to 14 years of age be eligible for free vaccination?
- A.** 1 July 2003 will be the commencement date for phase two of the National Meningococcal C vaccination program.
- Q.** Where can parents access the free vaccine for their child from July 2003?
- A.** Primary and secondary school based programs will be organised through local government immunisation providers from July 2003 into 2004. GP clinics and other immunisation providers will also be able to provide free meningococcal C conjugate vaccine to the six to 14 year olds.
- Q.** If a person is 19 years old are they eligible?
- A.** A person who is or was 19 years of age at any time in 2003 is eligible for free meningococcal C conjugate vaccine now regardless of whether they attend secondary school. 15 to 19 year olds, not in secondary school are also eligible now for *free* meningococcal C conjugate vaccine. This vaccine can be administered by all immunisation providers.
- Q.** If a person has previously had meningococcal disease, do they need to be vaccinated?
- A.** The vaccine is recommended for any children, adolescents or young adults who have previously had meningococcal disease. These people should receive the vaccine regardless of infecting serogroup. This is because young children may not have mounted an optimal immune response to the infection and older persons may have an unrecognised risk factor for meningococcal disease.
- Q.** How many doses of meningococcal C conjugate vaccine does a child under 12 months of age receive?
- A.** The Australian Technical Advisory Group on Immunisation states that for infants aged between four and 11 months at the commencement of vaccination, two doses are sufficient. An infant aged between two and four months, commencing the course for the first time, requires three doses of meningococcal C conjugate vaccine.
- Q.** Are we reporting the data correctly?
- A.** If you are recording the vaccine administration for seven to 19 year olds on a computer database, then please continue to do so. This data will be retrieved in the near future. If you are completing written data collection forms, please fax back as the form is completed. For children seven to 14 years whose family is purchasing the vaccine now, data is required to be sent into DHS. This will be an ongoing data collection procedure during the National Meningococcal C Program.

Source: *Program Delivery, Eligibility and Interim Guidelines for Meningococcal C Conjugate Vaccine (Updated March 2003) Immunisation Program, DHS*

National Meningococcal C Vaccine Program — Which vaccine?

The Commonwealth Government recently mailed a letter to Australian families with children under seven years who are registered with the Australian Childhood Immunisation Register (ACIR). This letter has prompted many enquiries from families wishing to know when and where they can access the free vaccine.

Some parents are also asking if the vaccine their child received last year is the same vaccine mentioned in the letter from the government. This is an excellent opportunity to discuss which brand of meningococcal C vaccine was administered, as there was a shortage of meningococcal conjugate C vaccine for a period of time in 2002.

Meningococcal C polysaccharide vaccine (Mencevax or Menomune) was sometimes administered in the period of vaccine shortage. If either brand of meningococcal C polysaccharide vaccine is documented, this does not provide long lasting protection against meningococcal C disease and is not effective in children under two years. If more than six months has elapsed since administration of a meningococcal C polysaccharide vaccine, then a meningococcal C conjugate vaccine may be administered (Meningitec, Menjugate or NeisVac-C).

Older Persons Free Influenza Vaccine Program

Influenza vaccine is available FREE for:

- Everyone aged 65 years or older.
- Aboriginal and Torres Strait Islanders aged between 15 and 49 years with health risks.
- Aboriginal and Torres Strait Islanders aged 50 years or older.

- All public hospital outpatients and inpatients with high risk factors (within the public hospital system only).
- Public hospital staff that provide direct care to patients (within the public hospital system only).

It appears the SARS outbreak has led to an increased interest in the uptake of influenza and pneumococcal pneumonia vaccine overall this year. The time has arrived again when we ask that current influenza stock in clinics may need to be redistributed to avoid vaccine wastage. The allotted influenza vaccine requirement for this year's over 65 year olds has been distributed so identifying excess stock in clinics for redistribution is required. Please contact the Immunisation Program if you have excess influenza vaccine.

Older Persons Free Pneumococcal Pneumonia Vaccine Program

Pneumovax vaccine is currently unavailable. A supply of vaccine is available to Aboriginal and Torres Strait Islanders who fall into the eligible risk group. Pneumovax vaccine is available for commercial purpose.

Pneumovax is recommended *free* for:

- All public hospital outpatients and inpatients at high risk of complications from influenza.
- Everyone aged 65 years or older.
- Aboriginal and Torres Strait Islanders aged between 15 and 49 years with health risks.
- Aboriginal and Torres Strait Islanders aged 50 years or older.

Pneumococcal pneumonia vaccine can be administered at any time of the year.

IMMUNISATION PROGRAM

Measles Outbreak in Victoria

To date, this year there have been 26 reported and confirmed cases of measles in the Bendigo and Shepparton areas and 10 cases in Melbourne. Most cases reported were between the ages of 17 years to 36 years. This reinforces the need of opportunistic immunisation with MMR vaccine for that age range. People born before 1970 are considered to be immune as they are likely to have been infected with the virus as a child. However all people born during or after 1970 may not have received a measles containing vaccine. In particular there were three health care workers infected with measles supporting the need for health care workers to have their vaccine requirements assessed. Four of the measles cases were in children over 12 months of age who had not been previously vaccinated with MMR vaccine (three cases had “not got around to it” and one case was a “conscientious objector”).

What do vaccines cost?

The following table summarises the cost per dose of vaccines on the Australian Vaccination Schedule as funded by the Commonwealth Government. The Immunisation Program requests appropriate use of the vaccines in accordance with the Australian Standard Vaccination Schedule. Persons outside the scheduled funded vaccines (unless they are on a ‘catch-up’ program) are required to purchase vaccine either with a prescription or from the commercial stock in the medical clinic. The funding from the Commonwealth Government is based on the birth cohort for each scheduled vaccine. Therefore inappropriate use of vaccine outside the schedule leads to vaccine shortages in the targeted age groups.

VACCINE	COST Per DOSE
Infanrix	\$19.80
Comvax	\$19.60
ADT	\$4.00
Adult Hepatitis B	\$8.80
Paed. Hepatitis B	\$6.60
OPV	\$0.70
MMR	\$6.60
Pedvax	\$10.00
Prevenar	\$110.00
Meningococcal	\$40.40
Influenza	\$11.70
Pneumovax	\$29.00

Oral Polio Vaccine Administration

The Immunisation Program reviews vaccine usage across Victoria on a regular basis as part of its ongoing accountability to the Commonwealth Government for the administration of the national childhood vaccination program. The proper usage of oral polio vaccine (OPV) has become an issue in recent months. For the Immunisation Program to continue to provide an efficient and effective service to immunisation providers please carefully note the recommended procedures for the administration of OPV as outlined below:

- Each vial of OPV contains 10 doses (each dose constituting 2 drops).



- Open multi-dose vials of OPV do not need to be discarded at the end of each day. Vials can be kept till the expiry date as long as it is capped and stored under appropriate cold-chain procedures (between 2°C to 8°C) in between each usage. An exception to this is opened vials of OPV that have been taken out of the health care centre for outreach vaccinations, these should be discarded at the end of the day.
- When ordering OPV please clearly stipulate the number of vials you require. For example if you require 20 doses of OPV, then you need to order 2 vials of OPV. Please remember to write vials next to the required number on the immunisation vaccine order form to ensure the correct number of vials are supplied.
- OPV regularly comes with an expiry within a matter of months. Please keep this in mind when placing orders for OPV.

Further information about OPV can be obtained from the Australian Immunisation Handbook 7th edition

Tetanus Vaccine and School Camp

Routine administration of a tetanus containing vaccine such as ADT is not required before each school camp excursion. If a child or adolescent has received a tetanus containing vaccine within the last 10 years, then a booster dose is not required for the school camp excursion. The correct school camp medical form (as per the Education Department) requires a date of the last tetanus vaccine administered. Some schools may be using an out of date form that requests a tetanus vaccine be administered prior to the excursion. *The Australian Immunisation Handbook 7th Edition*, page 218, explains the recommendations for tetanus booster

immunisation. ADT vaccine is the preferred vaccine for booster doses in people over eight years of age.

When does the Immunisation Schedule Change?

Changes are made to the Australian Standard Vaccination Schedule (ASVS) following recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI).

The membership of ATAGI is a combination of experts from around Australia consisting of infectious disease physicians, paediatricians, epidemiologists and public health experts. They review literature from Australia and overseas with regard to such things as new vaccines, vaccine preventable disease incidence and research. ATAGI makes recommendations to the National Health and Medical Research Council (NH&MRC) following research and consultation processes with regard to immunisation schedule amendments.

The Commonwealth Government will review the recommendations from ATAGI after endorsement from NH&MRC in the budget process that occurs every three years in the May session of Parliament. The last major change to the ASVS was in May 2000, introducing Pathway 1 and 2 in Australia. Sometimes changes are made to the ASVS 'out of session' i.e. Not waiting until the three yearly budget process. A recent example is the National Meningococcal C Program. 'Out of session' changes occur when a combination of factors result in the ability to provide wider protection and reduced adverse events against vaccine preventable diseases.

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