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8th Edition Immunisation Handbook

The 8th Edition Immunisation Handbook was recently endorsed by NH&MRC and is now available at the following website.
<http://immunise.health.gov.au/handbook.htm>

Important Changes

The National Immunisation Program (NIP)

The NIP provides free vaccines to Australians and is an Australian, State and Territory Governments initiative. This is the schedule of vaccines that all children should be offered and can receive free.

Australian Standard Vaccination Schedule (ASVS)

The (ASVS) is a list of vaccines recommended by the National Health and Medical Research Council (NH&MRC). As has been the case since 2000, not all vaccines recommended on the ASVS are funded as part of the NIP. Therefore parents will need to purchase these vaccines.

The Major Changes to the NIP include:

- 1) Immediate drop of 18 month dose of Infanrix (DTPa) effective now.
- 2) Prevenar (conjugate pneumococcal vaccine 7vPCV) to be available to an expanded group of children under 5 years of age with certain predisposing medical risk factors. This is effective immediately.

The expanded group includes:

- Children with Down's syndrome
- All premature infants with chronic lung disease
- All infants born at less than 28 weeks gestation
- Children with Cystic Fibrosis
- Children with insulin-dependent diabetes
- Children with intracranial shunts and cochlear implants

The predisposing medical risk factors still require written confirmation from a paediatrician to access the free Prevenar vaccine.

- 3) Introduction of Boostrix (dTpa) instead of ADT for 15 to 17 year olds (Year 10 school program). This will commence on the 1st January 2004.

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The ASVS Recommendation

The following recommended and 'best practice' Australian Standard Vaccination Schedule of unfunded vaccines is as follows:

- 7vPCV (Prevenar) recommended at 2, 4 and 6 months of age for all infants.
- Varicella-zoster vaccine recommended for all children at 18 months of age, with a catch-up dose for adolescents 10 to 13 years of age without a history of either varicella infection or varicella vaccination.
- Inactivated polio in a combination vaccine (currently not available in Australia) rather than oral polio vaccine is the recommended vaccine to be given, however either OPV or IPV are recognised as appropriate for use. Inactivated polio vaccine can be purchased privately as a separate vaccine.

If you require further clarification with regard to the changes, please contact the Immunisation Program.

New Resources

The immunisation resources are undergoing an update to reflect the latest changes to the NIP and information in the 8th Edition Immunisation handbook. The immunisation web site will also be updated accordingly. Resources can be ordered from the Resource Order form by contacting the Immunisation Program.

Frequently asked questions

When does the Australian Immunisation Handbook 8th Edition 2003 come into effect?

Immediately. The 8th Edition Immunisation Handbook was approved by the National Health and Medical Research Council (NHMRC) on 18 September 2003.

How can I get a copy of the Australian Immunisation Handbook 8th Edition 2003?

A PDF version of the 8th Edition Handbook is now available at: <http://immunise.health.gov.au/handbook.htm>

Printed versions of the 8th Edition Handbook will be distributed directly to immunisation providers listed on the Australian Childhood Immunisation Register (ACIR) and Medicare databases by December 2003.

Each printed version of the 8th Edition Handbook will be distributed with an interactive CD-ROM version. This interactive version will also be available on the Immunise Australia website from October 2003 onwards.

What is the Australian Standard Vaccination Schedule (ASVS)?

The ASVS lists all technical recommendations for vaccination made on the basis of disease burden, and effectiveness and cost-effectiveness of the vaccine on a population basis.

What is the National Immunisation Program (NIP)?

The NIP is an Australian, State and Territory Governments initiative that provides free vaccines to Australian's.

What are the differences between the Australian Standard Vaccination Schedule (ASVS) and the National Immunisation Program (NIP)?

The ASVS recommends childhood vaccination for pneumococcal infection at 2, 4 and 6 months of age and varicella vaccination at 18 months of age. These vaccines are not currently funded under the NIP for the general population.

The ASVS lists inactivated poliomyelitis vaccine (IPV) in



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combination with other vaccines in preference to oral poliomyelitis vaccine (OPV) when these vaccines become available. In the mean time, NHMRC recommends use of OPV, which is funded under the NIP.

Will varicella, pneumococcal disease and inactivated poliomyelitis vaccine (IPV) combination vaccines be funded under the NIP in the future?

These vaccines remain under consideration for funding under the NIP. Currently, IPV containing vaccines suitable for use in the NIP are not available in Australia.

Should I be administering inactivated poliomyelitis vaccine (IPV) or oral poliomyelitis vaccine (OPV)?

This depends on what you and your patient or the parent/carer decide at the time of consultation.

The National Immunisation Program (NIP) includes free OPV, however the administration of OPV includes a very small but proven risk of vaccine-associated paralytic polio.

The Therapeutic Goods Administration (TGA) still approves the use of OPV in Australia and still considers it an effective vaccine for the prevention of polio.

The NHMRC recommends IPV be used in preference to OPV when IPV in combination vaccines become available.

If no polio containing vaccine is administered and this results in a child not being age appropriately immunised, the parent/guardian should be advised that eligibility for family benefits payments may be affected.

The World Health Organization advocates the use of OPV in its program for the global eradication of polio. In Australia, NHMRC still approves the use of OPV to vaccinate children against polio.

Should I be talking to patients about the vaccines on the ASVS or those in the NIP?

It is the immunisation provider's responsibility to inform patients and parents/guardians of all available vaccine options - those recommended in the Australian Standard Vaccination Schedule (ASVS); those funded under the National Immunisation Program (NIP) to enable informed decision making by parents/guardians and patients.

Is immunisation status for the purpose of family benefit payments assessed according to the ASVS or the NIP?

Parents/guardians are not required to pay for any vaccines to be eligible to receive Child Care Benefit or Maternity Immunisation Allowance payments. Eligibility for these payments is linked to the free vaccines provided under the NIP (excluding meningococcal C vaccine and targeted pneumococcal vaccine for children at high risk).

What are the important differences between the 7th and 8th Editions of the Handbook?

Removal of 18 month dose of diphtheria-tetanus-acellular pertussis (DTPa) vaccine.

- The Australian Standard Vaccination Schedule contained in the 8th Edition Handbook no longer recommends a fourth dose of diphtheria-tetanus-acellular pertussis (DTPa) vaccine at 18 months of age.
- This dose is no longer funded under the National Immunisation Program.

Why was the 18 month dose of DTPa vaccine removed?

The decision to remove the 18 month dose of diphtheria-tetanus-acellular pertussis (DTPa) vaccine was based on



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international scientific studies, which show that childhood vaccinations at 2, 4 and 6 months provide sufficient immunity against diphtheria, tetanus and pertussis until the next recommended booster dose at 4 years of age.

The removal of the dose should also reduce the number of children experiencing local reactions to this vaccine dose.

Do the changes to the ASVS and the Handbook affect which vaccinations I have to report to the Australian Childhood Immunisation Register?

No. All vaccines administered to children less than 7 years of age should be notified to ACIR, regardless of whether they are part of the NIP or the ASVS.

Immunisation providers are strongly encouraged to submit data on all vaccines administered to children in order to maintain a complete immunisation history for the child on the register. The ACIR will record vaccines listed on the Australian Standard Vaccination Schedule (ASVS) that are not funded under the NIP, as non-standard vaccines.

Data about vaccinations that complete a schedule point under the National Immunisation Program (NIP) attract a notification payment of \$6.00 to the immunisation provider.

There will no longer be a notification payment for the 18 month schedule point.

Do the changes to the ASVS and the Handbook affect payments under the General Practice Immunisation Incentives (GPII) Scheme?

No. The General Practice Immunisation Incentives (GPII) Scheme provides financial incentives to general practitioners who monitor, promote and provide age appropriate immunisation services to children under the age of seven years in accordance with the NIP and not the ASVS. On 1 July 2003, the GPII Scheme was aligned with the Australian Childhood Immunisation Register (ACIR). Payments under the GPII Scheme will continue to reflect the immunisation status of children as recorded on the ACIR, according to the National Immunisation Program (NIP). Due to the removal of the 18 month dose of DTPa from the NIP, there will no longer be a Service Incentive Payment (SIP) provided to general practitioners for the 18 month schedule point.

How do I find further information on the Australian Childhood Immunisation Register (ACIR) and the General Practice Immunisation Incentives (GPII) Scheme?

For further information about the ACIR or the GPII Scheme visit <http://www.hic.gov.au>

Alternatively, phone the ACIR enquires line 1800 653 809 (free call) or the GPII enquiries line 1800 246 101.

This information has been provided through the Australian Government Immunisation website
<http://immunise.health.gov.au/nip/providers.htm>

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