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For further Information on the Immunisation Program:

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New Combination Vaccines

The recent introduction of combination vaccines has started a new wave of important things to consider when discussing vaccines with parents. More combination vaccines from different manufacturers will be released in the near future. New combination vaccines are not funded on the National Immunisation Program (NIP) as yet. Parents will need to purchase these vaccines commercially. Some of the issues to consider include: the antigens in the combination vaccine; what extra dose of antigen may be needed; who are they suitable for and how it affects the immunisation schedule.

The combination vaccines are presented as 4 antigen, 5 antigen or 6 antigen-based vaccines. The combination vaccines all contain the antigens of diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis. The 8th Edition Australian Immunisation Handbook recommends inactivated poliomyelitis vaccine (IPV) in a combination vaccine is preferred to avoid the 1 in 2.5 million risk of vaccine associated paralytic polio (VAPP). Some of the combination vaccines contain both hepatitis B and *Haemophilus influenzae* type b antigens and others contain either hepatitis B or *Haemophilus influenzae* type b antigens.

The *Haemophilus influenzae* component in the combination vaccines is not suitable for use in Aboriginal and Torres Strait Islander infants, as it does not provide the rapid early protection against Hib that this group requires. Pedvax Hib is the vaccine of choice for this group as found in Comvax.

If using a Hib containing combination vaccine (other than Comvax), then a 4-dose course is required to receive adequate protection. The 4th booster dose is recommended at 12 months of age and can be given as the scheduled Comvax (Hib-hepatitis B) vaccine.

If a Hib containing combination vaccine (other than Comvax) is introduced into the primary course and either 1 or 2 doses have been administered, then a 4-dose schedule of Hib vaccine must be completed to ensure adequate protection against Hib disease. The 4th booster dose is due at either 12 months of age or at least 2 months after the last dose whichever comes later.

When completing the primary course of vaccination at 2, 4 and 6 months of age regardless of vaccine/s chosen, the 12 month old and 4 year old schedule remain unchanged and should be completed as scheduled as long as no true contraindications exist.

A combination DTPa - IPV vaccine would be appropriate for use at the 4 year old schedule instead of DTPa and OPV.

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Cold chain of vaccines from the pharmacy

Vaccines are sensitive and can become ineffective to extremes of heat and cold.

A vaccine purchased from the pharmacy should either be:

- Left at the pharmacy and collected on the way to the clinic for administration.
- Collected from the pharmacy and taken straight to the clinic for storage until administered.

Adverse Events Following Immunisation

With the introduction of new combination vaccines for children, it is important to consider the importance of reporting serious and unexpected adverse events if they should occur after vaccine administration. An adverse event report can be made by telephoning the Adverse Drug Reaction Advisory Committee on 02 6232 8386 or on-line at www.health.gov.au/tga/adr/bluecard.pdf

Childhood Pneumococcal Vaccine Program - 2005

On 1 January 2005 the childhood pneumococcal vaccine, Prevenar, will be added to the infant immunisation schedule at 2, 4 and 6 months. This means infants will receive the following:

2 months	Infanrix, Comvax, OPV or IPV and Prevenar
4 months	Infanrix, Comvax, OPV or IPV and Prevenar
6 months	Infanrix, OPV or IPV and Prevenar

Children less than 2 years of age will also receive Prevenar as a catch-up program. A childhood pneumococcal brochure assisting providers to determine the number of doses needed is available from the Resource Order form or contact the Immunisation Program to receive this brochure. This brochure is different to the Childhood Pneumococcal fact sheet for parent advice.

Children less than 5 years of age with a medical risk factor also receive free Prevenar vaccine and in addition they require a booster dose of Pneumovax 23 vaccine at 4 to 5 years of age. The childhood pneumococcal vaccine brochure will also guide providers in determining doses required to complete the schedule for this group of children.

- **Prevenar vaccine can be ordered from November 2004. Prevenar stocks will not be distributed until December 2004.** It is for use from 1 January 2005 according to the funded infant and catch-up schedule. Order using a Vaccine Order form in the usual manner.
- It is important to consider the refrigerator space available to store this new vaccine. Please order enough stock to fit in your refrigerator without affecting your refrigerator's ability to maintain the proper temperature range of 2°-8° Celsius. Further orders can always be made as your stock levels fall.
- The Prevenar vaccine presentation is in either packs of 10 vials or single vials. Stock will mainly be distributed as packs of 10 to all providers.



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- A vaccine order may be altered without notice if there is a need to distribute Prevenar vaccine fairly amongst all immunisation providers.
- As the stock is due to be sent out in December and the program is starting 1 January 2005, do not order Prevenar vaccine if your clinic will be closed for holidays for an extended period of time. Prevenar vaccine can be ordered on your return with the usual 3 working days delivery time frame.
- The Immunisation Vaccine and Resource order form is available from the Immunisation Program (see contact details in this newsletter).

Pneumovax 23 Vaccine

The Australian Government from 1 January 2005 will fund the Pneumovax 23 vaccine. In Victoria the distribution of Pneumovax 23 vaccine will still occur as it has done in previous years. The supply will be mostly provided with the delivery of influenza vaccine in February 2005.

However Pneumovax 23 vaccine should have a more stable level of supply throughout the whole year and can be ordered at any time in the year. Small quantities are currently available until the end of December 2004.

Hepatitis B Birth Dose

Some parents choose not to have the birth dose of hepatitis B vaccine given to their infant. If the birth dose of hepatitis B vaccine is not administered within 7 days of birth then it is forfeited all together. The infant will

routinely receive their hepatitis B vaccine in the Comvax vaccine given at 2, 4 and 12 months of age. These 3 doses are considered to provide lasting protection. The birth dose is given to protect the infant in the first 2 months of life where if hepatitis B is contracted will most likely lead to a long term 'carrier' state.

School Entry Immunisation Certificates

School Entry Immunisation Certificates (SEIC) for older children over 7 years of age in primary school who need a replacement SEIC, can be supplied by the Australian Childhood Immunisation Register (ACIR). ACIR can issue a new Child History Statement, but only for those children who have some immunisation history on file, and only via telephone requests.

ACIR will manually reopen the file and do a Medicare update. However, where the child has had an exemption or a restriction placed on the history, ACIR will not be able to provide a certificate. In these circumstances the local council will issue the SEIC.

Use of ADT Vaccine

The Immunisation Program will fund ADT vaccine for the following purposes:

- As a booster vaccine for adults at 50 years of age,
- For a person 8 years of age and over if they have either not commenced or not completed a course of diphtheria and tetanus containing vaccine.



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A single dose of Boostrix may also be given in place of ADT however it is **unfunded** for these people. Boostrix is recommended to protect against pertussis and is recommended for:

- Health care workers in contact with infants,
- People planning parenthood,
- Parents shortly after the infant is born
- Boostrix is funded for all Year 10 students and 15 year olds not attending school.

ADT vaccine required for tetanus prone wounds are obtained from the Doctor's Bag order book. ADT vaccine for travel purposes needs to be purchased by a private supplier.

Accelerated Hepatitis B Vaccine Schedule

There is only one vaccine manufacturer with a hepatitis B vaccine for an accelerated schedule for travel purposes. GlaxoSmithKline (GSK) produce Engerix-B (Paediatric and Adult) and Twinrix (720/20) registered for use in an accelerated schedule of 0, 7 and 21 days with a booster dose given 12 months later. The rapid schedule should only be used if there is very limited time before departure to endemic regions. (Source: 8th Edition Immunisation Handbook, page 150.)

Immunisation Nurses Special Interest Group

All nurses involved in providing immunisation are welcome to join this newly formed special interest group. Application forms are available by contacting the ANF (Vanessa Stanfield) on 9275 9333 or the contacts as listed. All members of the group may attend the next general meeting, which will include a guest speaker.

Date: Monday 22nd November

Time: 7.15pm for a 7.30 start

Venue: ANF Boardroom, 2nd Floor,
540 Elizabeth Street, Melbourne

Guest Speaker: Dr Stephen Lambert

Topic: The Australian immunisation schedule, where are we now? Where are we going?

Contacts: Rosemary Morey 0414966214
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Website: www.anfvic.ans.au

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