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### ***For further Information on the Immunisation Program:***

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## Adverse Event Following Immunisation

What is an Adverse Event Following Immunisation (AEFI)? It is an unwanted or unexpected event following immunisation. The adverse event may have been a direct result of the vaccine, its handling or administration or it may be an event that was going to occur regardless of the vaccination procedure.

The 8th Edition Australian Immunisation Handbook (AIH) Appendix 5: Definitions of adverse events following immunisation, lists in alphabetical order a list of adverse events recommended to be reported to the Adverse Drug Reaction Advisory Committee (ADRAC). As stated in the 8th Edition AIH "Any serious or unexpected adverse event occurring following immunisation should be reported. Providers should use clinical judgement and common sense in deciding which adverse events to report, and parents / caregivers should be encouraged to notify the immunisation provider of AEFI." No time limit has been set to report an adverse event to a vaccine.

ADRAC supply a reply paid blue form for reporting adverse events. Forms are available from:

The Secretary

Adverse Drug Reactions Advisory Committee

PO Box 100

Woden ACT 2606

Or

Telephone 02 6232 8386

Or

On-line at [www.health.gov.au/tga/adr/bluecard.pdf](http://www.health.gov.au/tga/adr/bluecard.pdf)

## Australian Childhood Immunisation Register (ACIR)

Contact the ACIR enquiry line on 1800 653 809 to access information on an immunisation history for a child under seven years of age. The Medicare number will assist in accurately identifying the correct child.

The ACIR relies on providers to report immunisation encounters as soon as possible. By doing this you help:

- Achieve accurate ACIR coverage results and reports
- Improve parent's eligibility to receive the Australian Government's family assistance payments, Child Care Benefit and Maternity Immunisation Allowance
- Reduce the need for immunisation history (IMMU-13) forms
- Assist eligible providers achieve GPII outcomes payments.

# IMMUNISATION PRO

## ACIR Coverage at 31 March 2004

The following percentages indicate the children fully vaccinated and registered with Medicare in Victoria at certain milestones.

**Cohort 1 – 91.5%** children aged between 12 – 15 months, born between 1 October 2002 and 31 December 2002.

**Cohort 2 – 92.4%** children aged between 24 - 27 months, born between 1 October 2001 and 31 December 2001.

**Cohort 3 – 85.8%** children aged between 72 – 75 months, born between 1 October 1997 and 31 December 1997.

The percentage of coverage for cohort 3 can be improved by ensuring timely reporting to ACIR following vaccine administration at 4 years of age for the scheduled 4 year old vaccines of MMR, DTPa and Polio.

Some parents may still believe the routine scheduled vaccines due at 4 years of age are due at 5 years of age or just before the child starts primary school. The scheduled vaccines at 4 years of age are due at the 4th birthday.

## Overseas immunisations recorded on ACIR

Children born after 1 January 1996 and who are less than 7 years of age can have their overseas record of immunisation reported to ACIR using the immunisation history (IMMU-13) form. ACIR have an updated immunisation history (IMMU-13) form allowing for more flexibility with reporting different types of vaccines given overseas.

## Adult Hepatitis B vaccine doses

An adult course of hepatitis B vaccine consists of three doses given at 0, 1 and 6 months. The adult hepatitis B vaccine is recommended from 20 years of age. Two monovalent brands are available; these are Engerix-B and H-B-Vax II. This vaccine is **not a free** vaccine supplied by the Immunisation Program.

The Year 7 hepatitis B school program in Victoria also uses adult hepatitis B vaccine (H-B-Vax II). The course for Year 7 students is 2 doses of vaccine; the second dose is administered 4 to 6 months after the first dose. This course is approved for use in children aged 11 to 15 years of age only. This vaccine is supplied free for Year 7 students.


## Boostrix Vaccine


Currently in Australia, over 60% of pertussis notifications occur in people over 10 years of age; as the protective efficacy of both natural infection and pertussis vaccine also wane over time, this supports the need for booster doses to reduce morbidity in these people as well as reduce transmission to those most at risk (infants <6 months). Immunisation of adolescents who have a high risk of pertussis infection are expected to result in the greatest health benefits. This is why an adult/adolescent formulation of acellular pertussis-containing vaccine (dTpa) is now available.


Boostrix is recommended on a **single occasion** for the following groups who have previously completed a course of diphtheria-tetanus vaccine. Once a single booster dose of Boostrix has been given, subsequent booster doses to the same person should not be administered even if he/she qualifies for another of the groups as follows:




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 Adolescents in Year 10 or age equivalent **(Vaccine is free).**

 Adults before planning pregnancy or for both parents as soon as possible after birth **(Vaccine is not free).**

 Adults working with young children, especially health-care workers and child-care workers in contact with infants **(Vaccine is not free).**

 Any adult wishing to receive a dose of Boostrix vaccine provided they have completed a course of diphtheria-tetanus vaccination **(Vaccine is not free).**

## Scheduled vaccines

The National Immunisation Program (NIP) should not be delayed in preference to the vaccines recommended on the Australian Standard Vaccination Schedule (ASVS). For example, the 12 month old immunisation schedule for measles, mumps and rubella, Hib, hepatitis B and meningococcal C vaccines should not be deferred in preference to varicella vaccine.

Administer the NIP vaccines as scheduled plus ASVS vaccines as appropriate after ensuring there are no contraindications and informed consent is given. If varicella vaccine is not administered on the same day as the 12 month old vaccines then a minimum of 1 month should elapse between the varicella and MMR vaccine as both are 'live' attenuated vaccines.

## UK administered Hib vaccine

The following summary and advice is from the National Centre for Immunisation Research and Surveillance. It was supplied following a request for information on 'catch up' for Hib in children from the UK.

Since 1992 all children in the UK receive routine Hib vaccination (PRP-T vaccine) at 2,3 and 4 months of age. In February 2003, a booster dose of Hib vaccine was offered to all children aged 6 months to 4 years in a 'catch up' campaign. The aim of the campaign was to reverse the small increase in the number of cases of Hib disease reported in the UK since 1998.

Therefore children from the UK who have migrated to Australia and **who ONLY received 3 doses of PRP-T at 2, 3 and 4 months of age should receive a single booster dose of Hib vaccine (PRP-OMP) between the ages of 12 months and 5 years.**

## Government Funded Influenza Vaccine Supply

The stock of free, Government funded flu vaccine has diminished and now requires relocation of supply from clinics with excess stock to those clinics requiring more doses.

The eligible cohort of people over 65 years of age to receive free influenza vaccine in Victoria was 12,000 more in 2004 compared to 2003.

Please call the DHS Immunisation Program if you have an excess supply on 1300 882 008.

## Government Funded Pneumovax23 Vaccine Supply

The stock of free Pneumovax23 vaccine is currently finished. However Pneumovax23 vaccine is available for Aboriginal and Torres Strait Islander people and for booster doses for medical risk children following Prevenar. Pneumovax23 is available commercially from a pharmacy and is \$3.80 for a Healthcare Cardholder.



# IMMUNISATION PROGRAM NEWSLETTER

## Prevenar schedule

It is anticipated Prevenar stock (childhood pneumococcal vaccine) will be available at the end of June 2004 for children not eligible for the free vaccine. The following tables will assist in scheduling doses required for children. Prevenar is strongly recommended for all children under 2 years of age. It can also be considered for children under 5 years of age particularly if they attend child care. Children who are currently eligible to receive free Prevenar vaccine are Aboriginal & Torres Strait Islander children less than 2 years old and children under 5 years of age with a medical risk factor.

### VICTORIAN CHILDHOOD PNEUMOCOCCAL SCHEDULE FOR PREVENAR®

#### Aboriginal and Torres Strait Islander

Age in months at first dose	Doses *given 2 months apart	Booster
2 - 6	3*	None
7 - 17	2*	None
18 - 23	1	None

#### Children under 5 years of age with a medical risk factor

Age in months at first dose	Doses *given 2 months apart	Booster
2 - 6	3*	Prevenar at 12 months of age then Pneumovax23 at 4-5 years of age
7 - 11	2*	Prevenar at 12 months of age or at least 2 months after the last dose (whichever is later) then Pneumovax23 at 4-5 years of age
12 - 59	2*	Give Pneumovax23 at 4 - 5 years of age

#### Non Eligible Children (All other children) Vaccine is not free

Age in months at first dose	Doses *given 2 months apart	Booster
2 - 6	3*	None
7 - 17	2*	None
18 - 59	1	None

## Immunisation web site update

The immunisation web site now includes an updated version of the Health care worker immunisation guidelines at: [http://www.health.vic.gov.au/immunisation/general/guide\\_hcw.htm](http://www.health.vic.gov.au/immunisation/general/guide_hcw.htm)

There is also a new fact sheet on Adult immunisation discussing recommendations, doses required and contraindications for vaccine administration. This is available at:

<http://www.health.vic.gov.au/immunisation/factsheets/adultimmun.htm>

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