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## 1 November Vaccine Schedule Change

The inactivated poliomyelitis vaccine (IPV) and varicella vaccine will be introduced into the National Immunisation Program Schedule from 1 November 2005.

In Victoria, IPV will be administered in a combination vaccine (InfanrixIPV) along with Diphtheria, Tetanus and Pertussis vaccines. The primary course of InfanrixIPV will be given at the scheduled doses of 2, 4 and 6 months. A booster dose is administered at 4 years of age.

The varicella vaccine will be routinely administered at an immunisation schedule point of 18 months of age.

Children born on or after 1 May 2004 are eligible to receive the varicella dose for free.

A catch up dose of varicella vaccine for students in Year 7 of secondary school who have not had chickenpox or who have not previously been vaccinated will also be available. The school based Year 7 varicella vaccine catch-up program will be provided by local councils from 2006 when they attend secondary schools for the hepatitis B vaccine program.

## FAQs – 1 November 2005 Vaccine Schedule Change

### General Questions

**Q. If a child requires either DTPa or IPV separately will DHS provide these vaccines separately?**

**A.** IPV will be provided individually on a case by case basis. Providers will need to ring through their request and explain the circumstances for which it is to be given.

Infanrix will no longer be provided. If a child requires DTPa then they will receive Infanrix IPV.

**Q. Are different combination vaccines used elsewhere in Australia?**

**A.** Yes. Each State/Territory is responsible for purchasing their own vaccines and so the schedule can vary in Australia depending on the brands and combinations used.

**Q. If someone has commenced a vaccine schedule in another State or Territory will Victoria provide vaccines to complete their schedule?**

**A.** As is the case in all vaccine schedules a catch-up program to complete the course should be undertaken in Victoria for all children with an incomplete immunisation history. Victoria's selected vaccines will complement other State and Territory schedules. It must be remembered when Infanrix hexa vaccine has been administered as part of the primary course that 4 doses of a Hib containing vaccine must be administered to ensure full protection against *Haemophilus influenzae* type b. The booster Hib dose is required at 12 months of age.

*cont overleaf...*

## General Questions *continued...*

### Q. Why didn't Victoria choose Infanrix hexa?

A. The reasons why Victoria decided to go with Infanrix IPV include:

#### ■ Ensuring optimal Hib protection from 2 months of age

The current Hib vaccine provides antibody response after the first dose whereas Infanrix hexa does not confer protective antibody levels until after at least a second dose. The use of Infanrix hexa requires Hib reconstitution. If there is a failure to reconstitute the Hib component there may potentially be an increase in Hib disease.

#### ■ Product familiarity

Immunisation providers are familiar with the current products and therefore there is less risk of error when there are fewer vaccine brands to choose.

#### ■ Less confusion

There is minimal change to the existing schedule.

Combining Infanrix with IPV means that there is minimal change to the previous immunisation schedule making it less confusing for immunisation providers with fewer vaccine brands required.

The 1 November 2005 schedule is easy to implement for catch-up vaccine doses.

### Q. If parents choose to vaccinate their child with varicella vaccine before 18 months of age will it be recognised by ACIR?

A. Yes, if the immunisation provider reports this information to the Australian Childhood Immunisation Register (ACIR).

### Q. Will varicella vaccine provide protection against wild type varicella infection brought in from overseas?

A. Yes. Seroconversion following vaccination occurs in 90-100% of those vaccinated. Once a significant number of children have been vaccinated the herd immunity provided will prevent the spread of wild varicella virus in Australia.

### Q. What if a child started on Infanrix hexa, how do we implement the new schedule if they cannot afford further doses?

A. It is safe to continue a child's immunisation using the vaccines provided under the Victorian National Immunisation Program Schedule. If for any reason a course of Infanrix hexa is not complete as a primary 3-dose course, i.e. 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.

It is recommended to complete a Hib vaccine course by using Comvax vaccine at either the 4 or 6 months of age (depending on the number of previous Infanrix hexa doses given) followed by the routine dose of Comvax at 12 months of age.

When completing the primary course of vaccination at 2,4 and 6 months of age regardless of the 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.

### Q. If a child starts their immunisation program in NSW and comes to Victoria, will they need 4 doses of Hib vaccine and will Victoria provide the extra doses?

A. Yes. If a child commences their immunisation program using Infanrix hexa then they will require 4 doses of Hib vaccine. The fourth dose (booster) is required at 12 months of age. Immunisation providers can order either Comvax vaccine or Pedvax vaccine to complete the program.

### Q. How do immunisation providers report to ACIR that a child has already had either the varicella vaccine or that they are naturally immune?

A. Immunisation providers can report this information to ACIR by either fax or secure email. When faxing ACIR information it is important that immunisation providers print the child's immunisation status onto their organisation's letterhead and include their ACIR provider number.

## Infanrix IPV/ OPV Questions

### Q. Is OPV interchangeable with IPV?

**A.** Yes. IPV and OPV may be used interchangeably in the schedule. Children who have commenced on OPV may complete their polio immunisation schedule using vaccines containing IPV.

### Q. Will OPV still be provided for catch-up programs by DHS?

**A.** No.

### Q. Will IPV be provided to adults requiring polio catch-up vaccination?

**A.** Yes. IPV stand-alone vaccine will be available on a case by case basis for people over 8 years of age who have not completed a polio vaccine course. Providers will need to ring through their request and explain the circumstances for which it is to be given.

### Q. What happens (especially with overseas children) where a child has had 5 or 6 doses of OPV and requires 4-year-old vaccinations?

**A.** The 8th Edition Australian Immunisation Handbook (2003, page 43) explains that there are no adverse effects associated with additional doses in immune individuals. Therefore, in this scenario the 4-year-old vaccines should be given as Infanrix IPV.

### Q. Will Sabin (OPV) still be available?

**A.** GSK has confirmed that Sabin will remain available. DHS will not supply Sabin vaccine. If an immunisation provider requires Sabin vaccine they will need to purchase the vaccine privately.

### Q. What are the side effects of DTPa IPV vaccine?

- Low grade fever
- Pain, redness and swelling at the injection site
- Temporary small lump at the injection site
- Irritable, crying, unsettled and generally unhappy
- Drowsiness or tiredness
- Muscle aches

### Q. Do we give Infanrix IPV in the same leg as we gave Infanrix?

**A.** Yes. It is recommended that immunisation providers continue using the same vaccination site for Infanrix IPV as they did for Infanrix. InfanrixIPV should be administered into the opposite limb to pneumococcal vaccine as local reactions at the injection are more common after pneumococcal vaccine.

## Varicella (Chickenpox) Questions

### Q. If Year 7 students in 2005 present for the varicella vaccine on November 1st 2005 will it be provided free of charge?

**A.** No. The varicella vaccine will only be provided from November 1st 2005 to eligible children who will be in Year 7 in 2006. These eligible children who present to have the vaccine prior to the commencement of the 2006 Year 7 catch-up program may do so at either a GP or Council.

### Q. If a child presents at either 17 or 19 months for the chickenpox vaccine will they be eligible for the vaccine OR is the vaccine only available to children in their 18th month and not afterwards?

**A.** Children born on or after 1/5/04 are eligible for the free chickenpox vaccine. The vaccine should be given to children aged 18 months of age or as close as possible after turning 18 months.

### Q. Do children who have already had chickenpox need the vaccine? What if they only had a mild case?

**A.** No. If parents can confirm that their child has had chickenpox before, regardless of whether it was a mild or severe case, they do not need to be vaccinated.

### Q. Can Year 7 students have the varicella vaccine if they have already had the disease and have signed a permission form?

**A.** The vaccine is not required. A past history of varicella correlates highly with serological evidence of immunity and therefore it is not necessary to give the vaccine. However, the receipt of varicella vaccine in a previously immune person has not been associated with any side effects.

Where there is any doubt contact the parent for confirmation.

### Q. Is the varicella vaccine funded for all children aged 10-13 years in Victoria?

**A.** No. In Victoria, the vaccine is funded for Year 7 secondary school students. The vaccine will be available from November 1st 2005 to those students that will be in Year 7 in 2006.

### Q. Can children who are in Year 7 in 2005 and who have never had the varicella vaccine before present from November 1 and receive it free of charge?

**A.** No. The vaccine will be provided free of charge from November 1st to those students who will be in year 7 in 2006.

*cont overleaf...*

## Varicella (Chickenpox) Questions *continued...*

**Q. How early can the 18-month dose be given?**

**A.** Children born on or after the 1st of May 2004 (1/5/2004) are eligible for the varicella vaccine.

Children will only be eligible on or after the anniversary of their 18-month.

**Q. Can parents be refunded for the varicella vaccine if their children fall into the eligible criteria but they have already been vaccinated?**

**A.** No.

**Q. What constitutes previous varicella infection?**

**A.** Lack of immunity to varicella should be based on a negative history of previous varicella infection. Parental confirmation of previous varicella infection is acceptable.

**Q. When is varicella able to be given before 18 months of age?**

**A.** Any parent strongly wishing to vaccinate their child (aged 12-18 months) against chickenpox must purchase the vaccine privately. Parents should be advised that the vaccine may be less effective if administered before 15 months of age due to the possible presence of maternal antibodies.

**Q. Is it necessary for a Year 7 student aged 14 years or older who has no knowledge of having had varicella disease or vaccination to have a blood test first?**

**A.** Lack of immunity to varicella should be based on a negative history of previous varicella infection and subsequent serological tests in people 14 years of age and over. If the tests then confirm a negative history of previous infection, 2 doses of varicella vaccine, 1 to 2 months apart, are recommended for use in non-immune adolescents (14 years and older) and will be funded by the DHS.

If it is more convenient adolescents can be vaccinated without testing (providing there are no contraindications) as the vaccine is well tolerated in seropositive people.

**Q. What if a child receives varicella vaccine between 9 and 12 months of age?**

**A.** It is recommended the child receive a second dose of varicella vaccine at 18 months of age to ensure optimal immunity.

**Q. What if the varicella vaccine is administered intramuscularly (IM) rather than subcutaneously (SC)?**

**A.** It is recommended the varicella vaccine only be administered subcutaneously. The varicella vaccine (Varilrix), supplied by DHS is packaged with an orange 25 gauge, 16mm needle. This ensures that subcutaneous vaccination is administered when given at a 45 degree angle.

**Q. Why is varicella not recommended for children aged less than 18 months?**

**A.** Research shows that optimal immunity to varicella vaccine occurs from 18 months of age.

**Q. Are children with medical risk factors over the age of 18 months eligible for free varicella vaccine?**

**A.** No. Medical risk factors do not make a child eligible for free varicella vaccine.

**Q. Can a mother immunise their 18 month old child against chickenpox even though the mother is pregnant and tests have shown her to be non-immune?**

**A.** Yes. A non-immune pregnant household contact is not a contraindication to vaccination of another healthy child or adult in the same household, as the risk of transmission and infection to the unborn is extremely low. At present there have been no documented cases of transmission.

**Q. Can non-immune, including immuno-suppressed, people catch chickenpox because of the 18 month old or Year 7 vaccination?**

**A.** It is safe to administer varicella vaccine to household contacts of non-immune people (including pregnant women). It is very rare for transmission of the vaccine-type virus from a healthy vaccinee to a healthy contact. In 3 documented reports all cases have been mild and have been associated with a rash in the vaccinee. Vaccination of household contacts of immuno-suppressed people is strongly recommended. If vaccinees develop a rash, they should avoid contact with immuno-compromised people for the duration of the rash.

## Varicella (Chickenpox) Questions *continued...*

**Q. What if a child was born before 1/5/2004 will they be able to access the free chickenpox vaccine?**

**A.** They will receive the chicken pox vaccine when they reach Year 7 of Secondary School as a catch-up program. Otherwise parents can purchase the vaccine privately.

**Q. If a child was born before 1/5/2004 and the parents do not want to wait until they reach Year 7 can they still receive the chickenpox vaccine?**

**A.** The vaccine can be purchased privately.

**Q. Is the Year 7 chickenpox school program only for 2006 or is it ongoing?**

**A.** The Year 7 catch-up program will commence in 2006 and will be ongoing until the children who are turning 18 months in 2005 reach Year 7 of secondary school.

**Q. If a child has only had a mild dose of chickenpox (i.e. a few spots) is that enough to promote an immune response?**

**A.** Yes, even a mild dose of chickenpox provides an immune response; this means they do not require varicella vaccine.

**Q. Can children have varicella vaccine for free if they attend childcare before the age of 18 months of age?**

**A.** No. Only children born on or after 1/5/2004 are eligible for the free varicella vaccine.

**Q. Will children who have been exposed to varicella disease and are aged less than 18 months of age be provided with free varicella vaccine?**

**A.** No. Only children born on or after 1/5/2005 are eligible for the free vaccine.

**Q. What if a person who is a Year 7 student in 2006 presents a year or more later for their varicella vaccine? Are they still eligible for the free vaccine?**

**A.** Yes. Children who were eligible for varicella vaccine when they were in Year 7 of secondary school are entitled to catch-up varicella while still at secondary school. These children must still meet the criteria, that is; have not had chickenpox nor received the vaccine. Children aged 14 years and older require 2 doses of the varicella vaccine, 4-6 weeks apart. A blood test is recommended to confirm lack of immunity to varicella in people aged 14 years and over.

**Q. Can a child who has been vaccinated with the varicella vaccine still contract chickenpox?**

**A.** Yes. A single dose of varicella vaccine in children produces high rates of seroconversion (90-100%); about 70% to 90% of vaccinated children are protected when exposed to infection within a household. Breakthrough infection after exposure occurs at a rate of 1 to 2% a year in those vaccinated. Previously vaccinated children are protected from serious varicella disease and breakthrough infection is usually mild.

**Q. Can a person contract Herpes Zoster (Shingles) if they have been vaccinated against the varicella disease?**

**A.** Yes, it is possible however vaccination results in a much lower rate of zoster (2.6 per 100,000) compared to natural infection (68 per 100,000).

**Q. What are the side effects of chickenpox vaccine?**

**A.** Reactions are generally mild and well tolerated however they may include:

- Fever up to 39°C
- Pain, redness and swelling at the injection site
- Temporary small lump at the injection site.

**Uncommon side effects:**

About 2 to 5 chickenpox like spots may occur usually at the injection site and sometimes on other parts of the body between 5 to 26 days after vaccination.

In these circumstances, the onset of a rash following chickenpox vaccine would indicate that the person should avoid immunocompromised people for the duration of the rash.

A very mild dose of chickenpox may occur one or more years after vaccination, as the vaccine is not fully effective in every person.

### **INSIG DINNER (Members Only)**

**Date:** Wednesday 16th November 2005

**Time:** 6.30pm – 9.30pm

**Venue:** Café Italia –  
University Lane, Carlton

**Guest Speakers:**

**Professor Terry Nolan**

- HPV & Cervical Cancer

**Dr Jenny Royle**

- Convincing reluctant parents to  
Immunise their children

**Cost:** \$26.50  
(INSIG subsidised,  
drinks at bar prices)  
Payable to: INSIG c/o ANF

**RSVP:** ASAP

**Enquiries:** Rosemary Morey – 0414 966 214

## Product Information – Varilrix & InfanrixIPV

### Varilrix

In Victoria from 1 November 2005 the National Immunisation Program Schedule provides free varicella vaccine for children at 18 months of age and a catch-up dose for children in Year 7 of secondary school from 2006 who have never had chickenpox and are not already vaccinated.

The varicella vaccine Varilrix will be available to order as a single dose pack as well as a 10 dose pack.

### Varilrix Single Dose Pack



### Varilrix – 10 Dose Pack



## Product Information – Varilrix & InfanrixIPV *continued...*

### InfanrixIPV

In Victoria from 1 November 2005 the National Immunisation Program Schedule provides free InfanrixIPV vaccine for children at 2 months, 4 months, 6 months and 4 years of age.

InfanrixIPV vaccine will be available to order as a single dose pack as well as a 10 dose pack.

### InfanrixIPV Single Dose Pack



### InfanrixIPV – 10 Dose Pack



## Antigens found in combination vaccines in Australia

### Infanrix hexa

#### x 6 antigens

- Diphtheria
- Tetanus
- acellular Pertussis
- Hepatitis B
- Haemophilus influenzae type b (PRP-T)
- Poliomyelitis (inactivated)

### Infanrix penta

#### x 5 antigens

- Diphtheria
- Tetanus
- acellular Pertussis
- Hepatitis B
- Poliomyelitis (inactivated)

### Infanrix IPV

#### x 4 antigens

- Diphtheria
- Tetanus
- acellular Pertussis
- Poliomyelitis (inactivated)

### Quadracel

#### x 4 antigens

- Diphtheria
- Tetanus
- acellular Pertussis
- Poliomyelitis (inactivated)

### Comvax = 3 dose course

#### x 2 antigens

- Haemophilus influenzae type b (PRP-OMP)
- Hepatitis B

### Pedvax = 3 dose course

- Haemophilus influenzae type b (PRP-OMP)

### Hiberix = 4 dose course

- Haemophilus influenzae type b (PRP-T)

**IPV = Inactivated Polio Vaccine**

# National Immunisation Program Schedule

*In Victoria, from 1 November 2005, the routine schedule of vaccines provided free under the National Immunisation Program is as follows:*

AGE	DISEASES	BRAND NAME
Birth	Hepatitis B	HB VaxII Paediatric
2 months	Diphtheria/Tetanus/Pertussis/Polio <i>Haemophilus influenzae</i> type b } Hepatitis B Pneumococcal	Infanrix IPV Comvax Prevenar
4 months	Diphtheria/Tetanus/Pertussis/Polio <i>Haemophilus influenzae</i> type b } Hepatitis B Pneumococcal	Infanrix IPV Comvax Prevenar
6 months	Diphtheria/Tetanus/Pertussis/Polio Pneumococcal	Infanrix IPV Prevenar
12 months	Measles/Mumps/Rubella <i>Haemophilus influenzae</i> type b } Hepatitis B Meningococcal C	Priorix Comvax NeisVacC
18 months	Chickenpox	Varilrix
4 years	Diphtheria/Tetanus/Pertussis/Polio Measles/Mumps/Rubella	Infanrix IPV Priorix
Year 7	Hepatitis B Chickenpox	HB VaxII Adult Varilrix
Year 10	Diphtheria/Tetanus/Pertussis	Boostrix
Non-immune women shortly after delivery	Measles/Mumps/Rubella	Priorix
50 years	Diphtheria/Tetanus	ADT
Over 50 years (Aboriginal & Torres Strait Islander people)	Influenza Pneumococcal	Influenza Pneumovax 23
Over 65 years	Influenza Pneumococcal	Influenza Pneumovax 23



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[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)