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VICTORIA'S IMMUNISATION RATES

Congratulations to all immunisation providers with the latest immunisation coverage rates for the quarter ending 31 December 2002 from the Australian Childhood Immunisation Register (ACIR). This is the first time Victoria has reached 90% coverage (90.16%) for children aged 24-<27 months. The 12-<15month age range was 92.37%. For the first time data is now being provided for the 72-<75 months age range which was 84.75%. The work continues!

NATIONAL MENINGOCOCCAL C PROGRAM

In Victoria, Phase 1 of the meningococcal C program has commenced. The following table summarises the phases of the program and eligible groups. Phase two of the Meningococcal C program commences 1 July 2003.

The rationale for a phased program was to ensure sufficient vaccine supply to the highest risk age groups first i.e. children turning one to five years and 15 to 19 years. Children turning six to 14 years are considered at lesser risk for meningococcal C disease and therefore are being targeted from mid 2003. School based programs through local government immunisation providers will be offered during 2003 and 2004. All immunisation providers are able to access free meningococcal C conjugate vaccine to administer to the eligible age groups regardless of whether they attend school. Universities and T.A.F.E. colleges with health services are also encouraged to provide free meningococcal C conjugate vaccine to eligible people.

SUMMARY OF VICTORIAN MENINGOCOCCAL C CONJUGATE VACCINE AT 12 MONTHS

Meningococcal Conjugate C Vaccine at 12 Months

From 1 January 2003 the Australian Standard Vaccination Schedule includes meningococcal C conjugate vaccine at 12 months of age. This is given at the same time as MMR and Comvax vaccine in separate syringes and separate limbs. When three injectable vaccines are to be given at the same visit for a child aged 12 months, it is recommended that both deltoid muscles be used (a single injection into each muscle).

The site of the third injection is the anterolateral thigh. The vaccines should be injected slowly to reduce the risk of local reactions and pain.

This information is from the interim guidelines for meningococcal C conjugate vaccines.

ACIR Payments for Meningococcal C Reporting

It is recommended that all vaccines administered to children less than seven years be reported to ACIR. The Health Insurance Commission (HIC) will pay two instalments for the reporting of valid meningococcal C conjugate vaccine administered to children turning one to five years this year.

The notification payment will be \$6 for each valid encounter notified.

- The first payment will be made in June

2003 for notifications provided to ACIR prior to 30 April 2003.

- The second and final payment will be made in March 2004 for vaccinations given up to and including 31 December 2003 and on receipt of encounter forms received prior to the cut-off date of 15 February 2004.

- Retrospective payment for the administration of meningococcal C conjugate vaccine prior to 1 January 2003 will also be made provided the valid meningococcal C vaccination has been reported as an immunisation encounter.

- ACIR will pay a reporting fee of \$6 for the 12-month-old scheduled visit. There will be a grace period of 12 months (i.e. to January 2004) before the payment will not be paid until all three doses of scheduled vaccines have been administered. In the meantime if a parent refuses to have the meningococcal C vaccine administered at the same time as the MMR and Comvax vaccine then the ACIR reporting payment of \$6 is still being paid.

DHS Reporting of Meningococcal C Vaccine

DHS requires data reported for the seven to 19 year age cohorts. There will be two



COCCAL C VACCINATION PROGRAM

systems for data collection to cater for clinics that are either computerised or non-computerised:

- Non-computerised clinics or clinics who do not use their computer for vaccine recording, a data collection form will be required to be completed by each immunisation provider following the administration of a meningococcal C vaccine. This form has been sent out to all vaccine providers. Please make extra copies of this form. The Immunisation Program requests that you fax the form either when the page is completed or at the end of the week, whichever comes first in order to audit vaccine usage. If you require a form please contact the Immunisation Program.
- Clinics who use a computerised system (eg. Medical Director etc) to record vaccine administered, will not be required to complete the meningococcal recording form. You will be required to record the vaccine on the "immunisation list" as in current practice. The Immunisation Program is working with the Divisions of General Practice to provide you with a simple method to electronically transfer the data to the Immunisation Program on request.

Implementation Year	Financial Year Funding	Cohort	Eligibility
Phase 1 1 January 2003	2002-03	<ul style="list-style-type: none"> • Children turning 1, 2, 3, 4 or 5 in 2003 	<ul style="list-style-type: none"> • Children born from 1/1/98 to 31/12/01 eligible from 1/1/03 • Children turning 12 months old on or after 1/1/03 • Children who are already 5 in 2003 (ie. Born in 1997) will be eligible in Phase 2.
		<ul style="list-style-type: none"> • 15 to 19 year olds inclusive 	<ul style="list-style-type: none"> • Any individual who is 15, 16, 17, 18 and 19 at any time in 2003 calendar year is eligible • 15 to 19 year olds predominantly through a school based program also those not attending school in that age group.
Phase 2 2003 2004 2005	2003-04 2004-05	<ul style="list-style-type: none"> • 6 - 14 years inclusive 	<ul style="list-style-type: none"> • Children born before 1/1/98 and not yet 6 • 6 - 14 years predominantly through a school based program
Phase 3 2005 2006	2005-06	<ul style="list-style-type: none"> • 6 - 19 year olds (2003) • 7 - 20 (2004) • and so on 	<ul style="list-style-type: none"> • 6 - 19 years or age appropriate from commencement from 2003. Mop-up program to mid 2006.



Overseas Visitors

If you have a request for the free meningococcal C vaccine for an overseas child temporarily living in Australia who is eligible due to their age, free meningococcal C vaccine can be administered.

Vaccine Supply Shortage

Merck Sharp & Dohme, the manufacturer of MMRII and Comvax and Glaxo Smithkline, the manufacturer of Priorix and Infanrix, are experiencing vaccine supply shortages. Priorix vaccine is being supplied as the alternative measles, mumps and rubella (MMR) vaccine during this period. However both companies are now experiencing a shortage of MMR vaccine. Rationing of these vaccines has been introduced to avoid the scenario of having to prioritise the vaccine to some age groups and not others. You will be notified when the supply issue has been resolved or if further action is required. Movement of MMR vaccine between clinics and local government may be required in the interim.

Influenza and Pneumococcal Pneumonia Season

Autumn is upon us, which means the start of the influenza vaccine season. Vaccine orders can be placed now for influenza and pneumococcal pneumonia vaccine. Six orders per influenza season are recommended to maintain stocks to meet vaccine requirements during the peak period of autumn and early winter. Once again there is no requirement to complete a data collection form for doses of influenza vaccine administered. A random vaccine audit will be undertaken as was the case last year to monitor vaccine use and wastage. Please be careful with vaccine ordering to ensure minimal waste of influenza vaccine. Last years audit revealed various unfortunate circumstances where quantities of influenza

vaccine were discarded due to excess ordering, cold chain problems and confusion between current stock and previous years stock all being discarded. The sustainability of the program is dependant on efficient use and accountability of Commonwealth funded vaccines. Please adhere to the eligible groups for free influenza vaccine.

The recommended eligible groups are:

- Everyone aged 65 years or older.
- Kooris and Torres Strait Islanders aged between 15 and 49 years with health risks.
- Kooris and Torres Strait Islanders aged 50 years or older.
- All public hospital outpatient and inpatients with high risk factors.
- Public hospital staff that provide direct care to patients.

Hepatitis B Year 7 School Program

The NH&MRC recommendation for Year 7 students since 2000 is two doses of Adult Hepatitis B vaccine (HBVaxII by CSL) given four to six months apart. This program is predominately administered through a school based immunisation program. A small quantity of Adult Hepatitis B vaccine can be supplied to clinics for Year 7 students who need to attend for immunisation either to commence the course or complete their course of hepatitis B vaccine.

Medicare Enrolment for new infants

The Health Insurance Commission recommend using the parent's Medicare number on initial records when an infant has not been registered with Medicare to avoid duplicate entries of immunisation encounters with the ACIR.

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