



in this issue...

- **1 November Vaccine Schedule Reminder**
- **Prevenar Vaccine – Catch-up**
- **Meningococcal C Conjugate Vaccine – Catch-up**
- **Adolescent/Adult Diphtheria, Tetanus and Acellular Pertussis Booster Vaccine**
- **Pertussis in Victoria**
- **Adult Diphtheria/Tetanus (ADT) Vaccine**
- **Vaccine Deliveries – Cold Chain**

1 November Vaccine Schedule Reminder

The introduction of an inactivated polio vaccine (IPV) and a varicella vaccine will be introduced into the National Immunisation Program Schedule from 1 November 2005.

The IPV will be in a combination vaccine and therefore will not introduce another injection at the scheduled doses of 2, 4 and 6 months and the booster dose 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 at the 18 month scheduled point on the National Immunisation Program.

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 be available from 1 November 2005. A school based Year 7 varicella vaccine program will be provided by local council from 2006 when they attend secondary schools for the hepatitis B vaccine program.

More information about the IPV combination vaccine and varicella vaccine to be used in Victoria will be available soon. Immunisation resources will be updated to reflect the changes to the National Immunisation Program Schedule.

Prevenar Vaccine - Catch-up

The childhood pneumococcal conjugate vaccine (Prevenar) was introduced onto the National Immunisation Program Schedule on 1 January 2005.

The Australian Childhood Immunisation Register (ACIR) has sent letters to all parents whose child is eligible for free Prevenar vaccine catch-up and does not have a dose recorded on ACIR. The catch-up component of the pneumococcal vaccine program will cease on 31 December 2005.

Children eligible for free Prevenar vaccine catch-up are those born on or after 1 January 2003 to 31 December 2004. Depending on the age of the child, they will require the following number of doses of Prevenar vaccine:

- 2 - 6 months = 3 doses
- 7 - 17 months = 2 doses
- 18+ months = 1 dose

NB: Delayed and catch-up doses can be given a minimum of one month apart for children less than 12 months of age.

Remember to remind parents to return if their child will require either a second or third dose of Prevenar vaccine.

Infants born on or after 1 January 2005 will routinely receive the Prevenar vaccine from 2 months of age with their other scheduled vaccines. This means the vaccine is due at 2, 4 and 6 months of age. The Prevenar vaccine is given in the thigh by itself and Infanrix and Comvax vaccines can be given in the opposite thigh in separate syringes and separated by 2.5cm.

All vaccines due should be administered on the same day in separate syringes and at separate sites as long as no true contraindication exists.

For further information on the Immunisation Program please contact:

Postal Address:

Immunisation Program,
17/120 Spencer Street,
Melbourne 3000

Phone: 1300 882 008

Fax: 03 9637 4653

or 03 9637 4186

Email: immunisation@dhs.vic.gov.au

www.health.vic.gov.au/immunisation

Meningococcal C Conjugate Vaccine – Catch-up

In 2004/05, DHS completed the co-ordination of the Victorian part of the National Meningococcal C Vaccination Program, which achieved an estimated 80% coverage in Victorian school children from Prep to Year 12. This was achieved 12 months ahead of the national schedule, thanks to the efforts of Victoria's local government immunisation teams.

The health benefits for Victorians have clearly been demonstrated by the 95% reduction in notifications of meningococcal group C disease in the vaccine eligible age groups. The number of notified cases of meningococcal group C disease dropped from 88 in 2002 (prior to the program), to 47 in 2003, 13 in 2004, and in 2005 there have been just six cases reported to date. Deaths from meningococcal group C disease have declined from 10 in 2002,

to six in 2003, one in 2004, and there have been no deaths reported to date this year.

Two cases in the targeted age group for meningococcal C conjugate vaccine were notified to have meningococcal group C disease however they were unvaccinated. To date there have been no notified cases of meningococcal group C disease due to vaccine failure.

Currently a **catch-up immunisation program** for meningococcal C conjugate vaccine is underway and will **continue to mid 2006**. The catch up program is targeting those eligible who have not yet received the vaccine. Meningococcal C conjugate vaccine is available from all immunisation providers.

■ 2005/2006 – Catch-up program underway

Catch-up for all those below who have previously missed a dose of vaccine

■ 2003/2004 and 2004/2005 - Program completed

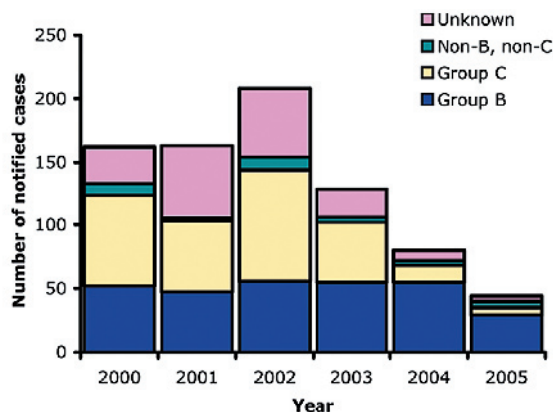
6 - 14 year old children

■ 2003 - Program completed

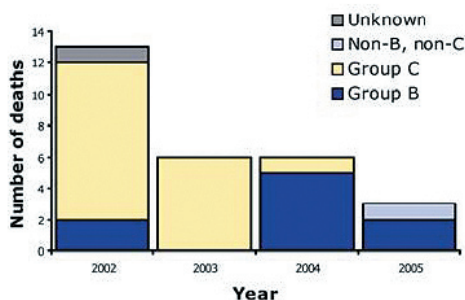
1 - 5 year old children

15 - 19 year old adolescents

The following table indicates the notified cases of invasive meningococcal group C disease, 2000 to year to date 2005.



The following table is deaths attributable to invasive meningococcal disease by serogroup.



Adolescent/Adult Diphtheria, Tetanus and Acellular Pertussis Booster Vaccine

On 1 January 2004 the Australian Government funded the introduction of the adolescent/adult diphtheria, tetanus and acellular pertussis (dTpa) booster vaccine (Boostrix) for adolescents. In Victoria, Boostrix vaccine is given in a school based program for children in Year 10 of secondary school. Boostrix vaccine replaces the diphtheria/tetanus (ADT) vaccine program for Year 10 students.

The age distribution of pertussis has shifted towards older children and adults even though Australia has high vaccine coverage. Both vaccine induced and naturally induced immunity wanes with time. Infants and young children are frequently infected from adults and adolescents who have a mild infection of pertussis. Infants not yet fully vaccinated are at risk of severe pertussis, complications and death.

Vaccination with Boostrix is recommended (unless contraindicated) for:

- Parents before planning a pregnancy, or for both parents as soon as possible after delivery of an infant (preferably prior to hospital discharge). Other close contacts of the infant should also be considered such as grandparents and carers.

- Adults working with young children such as health-care workers (maternity and nursery staff) and child-care workers in contact with the youngest infants.

- Any adult wishing to receive a dTpa vaccine should be encouraged to do so provided a primary course of DTP vaccine has previously been given. Boostrix vaccine can be used instead of ADT as the 50 year old booster.

These recommendations are not funded on the National Immunisation Program Schedule. (Source: 8th Edition Australian Immunisation Handbook page 211)

The following information is from the latest update to the 8th Edition Australian Immunisation Handbook: (Source: www.immunise.health.gov.au/handbook.htm)

“Minimum interval between dTpa and other tetanus-containing vaccines: dTpa can be administered at any time following a previously administered dose of tetanus toxoid containing vaccine (expert opinion).”

Pertussis in Victoria

Notifications of pertussis (whooping cough) in Victoria follow a cyclical pattern. In the past four years, the number of notifications has generally troughed in late autumn, steadily rising to a peak in late spring/early summer. Since the introduction of vaccine for four year-olds prior to school in 1998, the proportion of cases in children aged five to less than fifteen years has decreased dramatically.

Presently, most notified cases are among those aged 18 years and over. **This is a timely reminder to encourage adults who have close contact with infants in family life or through work to consider dTpa vaccine.**

The following table displays by age the pertussis notifications reported to the Communicable Disease Unit of DHS from 1997 to year to date 2005.

Pertussis notifications 1997 to 2005 YTD

Year of notification	AGE				
	<1	1 to <5	5 to <15	15 to <18	18+
1997	41	179	648	83	785
1998*	36	86	326	51	529
1999	24	47	296	63	492
2000	15	46	256	33	385
2001	37	26	227	68	486
2002	58	22	198	79	515
2003	42	16	132	48	372
2004**	39	40	150	66	573
2005 (to 31 July)	20	21	65	28	488

* dTpa moved from 4-5 years (school) to 4 years (before school)

** dTpa for students in Year 10 of secondary school

Adult Diphtheria/Tetanus (ADT) Vaccine

A reminder that the ADT vaccine is provided free in Victoria as a booster dose for people aged 50 years. It is also provided free of charge to people who have no diphtheria and tetanus immunisation history; it will be supplied as part of a catch-up program to these people.

The ADT vaccine supplied by the Immunisation Program is **not** funded for people who have sustained injuries deemed to be tetanus-prone. This is because those who have sustained a tetanus prone injury and more than five years has elapsed since their last tetanus vaccine should be provided with a tetanus containing vaccine from the doctor's bag emergency stock.

If there is any doubt about the adequacy of prior tetanus immunisation, human tetanus immunoglobulin should be given as well as a tetanus toxoid containing vaccine.

The National Health and Medical Research Council no longer recommends routine 10-yearly boosters. Adults receiving a primary course of 3 doses of dT should receive booster doses at 10 and 20 years after the primary course. (*Source: 8th Edition Australian Immunisation Handbook, Pages 264 & 265*).

ADT vaccine required for travel purposes can be purchased from the pharmacy with a prescription.

Acceptance of Vaccine Deliveries

Upon accepting a delivery of vaccines it is important to check the Cold Chain Monitor (CCM) to ensure the vaccines have not been exposed to temperatures above 8°C or 0°C and below.

If you receive a delivery that does not have a Cold Chain Monitor please contact CSL. If CCMs have not been included, check that ice packs or ice blocks are still partially frozen. If they are completely

thawed, the vaccines have not been kept sufficiently cold and may not be potent.

Please contact the Immunisation Unit on telephone 1300 882 008 for further information. The following demonstrate the difference between a CCM that is activated (dark bulb) by freezing and one that is not exposed to freezing.



Violet means your product has been exposed to freezing conditions.



A clear colorless bulb indicates no exposure to freezing conditions.

Violet means your product has been exposed to freezing conditions

A clear colorless bulb indicates no exposure to freezing conditions

It is important that vaccines are stored in their packaging regardless of their bulkiness. Removing vaccines from the original packaging exposes vaccines to room temperature and light. Remember to not crowd the vaccines in the refrigerator. Always put the new stock to the rear and bring the existing stock forward. Stock rotation using the 'first in - first out' principle is important to reduce vaccine wastage and the risk of using expired vaccine. **Always check the expiry date of vaccine prior to use.**

(*Source: Immunisation Keep it Cool: The vaccine cold chain, Page 16*).