



immunisation newsletter

In this issue:

Extended eligibility for influenza vaccine in 2010

HPV catch up program ends soon

SAEFVIC case study

Product alert

Panvax[®] H1N1 vaccination program

The Australian Technical Advice Group on Immunisation

Expanded pertussis prevention program for new parents

Further reading



Extended eligibility criteria for influenza vaccine in 2010

The Commonwealth Government has extended eligibility for free seasonal influenza vaccine on the National Immunisation Program for people at increased risk of influenza complications in 2010. For more detailed information on people at increased risk of complications from influenza infection, please refer to The Australian Immunisation Handbook 9th Edition 2008, Influenza chapter, pages 190, 191, 192.

People eligible to receive free seasonal influenza vaccine from 2010 are:

- **Pregnant women**
- **All Indigenous people from 15 years of age**
- **Residents of nursing homes and other long-term care facilities**
- **Homeless people and those providing care to them**
- **People from six months of age and over with conditions predisposing to severe influenza**
 - Cardiac disease
 - Chronic respiratory conditions
 - Other chronic illnesses requiring regular medical follow-up or hospitalisations
 - Chronic neurological conditions
 - Impaired immunity
 - Long term aspirin therapy in children



HPV catch up program ends soon

The catch up program finished on 30 June 2009. All females in the catch up cohort (13 – 26 yrs in Victoria) must have started the course with their first dose of the vaccine on or before 30 June 2009, and completed all 3 doses by 31 December 2009. GPs have until the end of March 2010 to submit notifications for doses given within this time in order to attract a notification payment.



How to submit vaccination notifications to the HPV Register

Many providers have been storing HPV vaccination data as instructed by the Australian General Practice Network, at <http://www.agpn.com.au/programs/immunisation/hot-topics/hpv-register---collecting-information>, which provides examples of HPV Register preferred notification formats. Further information and Frequently Asked Questions on lodging notifications to the HPV Register is available at: <http://www.hpvregister.org.au/health-professionals/> or phone the HPV Register for assistance on 1800 478 734 (1800 HPV REG).

All new notifications should be faxed to (03) 8360 8699 or send large numbers of forms in the reply paid envelope(s) provided by the HPV Register. Additional supplies of the reply paid envelope can be obtained by contacting 1800 478 734 (1800 HPV REG).

How to claim payment for HPV vaccinations

Payments for valid notifications (\$6 per dose, GST exempt) received by the Register will be made to GPs who have registered and provided their bank account details. To date around 90% of Victorian GPs have registered for payment and the total HPV notification payments made to Victorian general practitioners is over \$1.6 million. GPs who have not already registered can access GP Registration Forms at: <http://www.hpvregister.org.au/health-professionals/> or phone the HPV Register for assistance on 1800 478 734 (1800 HPV REG).

Panvax® H1N1 vaccine program

The Panvax® H1N1 (swine flu) vaccine program commenced on 30th September 2009. The Immunisation Program receives calls from Immunisation Providers and members of the public with immunisation queries and has compiled the following frequently asked questions related to the Panvax® H1N1 (swine flu) vaccine program:

Who should receive Panvax® H1N1 vaccine?

While emphasis will be on targeting priority groups, the opportunistic vaccination of family, carers, and friends of vulnerable people or anyone who wishes to be protected from pandemic influenza is also encouraged.

Panvax® H1N1 vaccine priority target group:

Pregnant women in their 1st, 2nd and 3rd trimester

Underlying chronic medical conditions from 10 years of age onwards. Requires clinical judgement but focusing on:

- Chronic respiratory conditions including asthma and chronic obstructive pulmonary disease
 - Immuno-suppression Includes HIV/AIDS infection, immunosuppressive drugs
 - Malignant cancers
 - Diabetes mellitus
 - Cardiac disease not including simple hypertension
 - Chronic Renal disease
 - Chronic metabolic diseases
 - Haemoglobinopathies
 - Chronic neurological diseases
-

Moderate to severe obesity BMI >35

Health care and community care workers (including volunteers and students) who have direct contact with patients, either in the community or hospital setting, in both public and private practice settings, focusing on the following:

- Hospital and outpatient staff focusing on those who have direct patient contact
 - Staff working in acute care clinics/satellite clinics that provide care, limited to diabetic clinics, alcohol and drug rehabilitation, dialysis and oncology services and perinatal care
 - All staff within or working with Aboriginal Medical Services, general practice, remote or community health clinics, and ambulance services
 - Community and residential care workers: Aged care and disability services workers who have direct patient contact with vulnerable groups.
-

Indigenous people and remote and isolated communities with vulnerable people

Self identification of indigenous.
Research communities in the Australian Antarctic Territory and subantarctic islands (vaccination to be provided prior to departure).

Children in special schools from 10 years and over

In schools and institutions that are exclusively special needs based.

Parents and Guardians of children aged 0 to 6 months

The primary carers of children aged 0 to 6 months

What about vaccinating children under 10 years of age?

At present, Panvax® H1N1 (swine flu) vaccine is not approved for children under 10 years of age. Clinical trials in children have not yet been completed but information from these trials should be available soon. Providers will then be given further advice. Adults and older children getting vaccinated will reduce the risk of younger children in the household getting infection.

Do I have to use the consent form provided with the vaccine?

No. The medical service may choose to gain valid consent in the same manner used for other immunisations and record this in the patient file. The immunisation service must keep a record of the batch number of the vaccine and provide the same information to the vaccine recipient for their personal record. The tear-off section on the consent form is the best way to give a patient a record of their vaccination. If your medical service chooses to use the consent form, the form is retained by your service and there is no requirement for it to be collected by the Department of Health.

Are non-Medicare card holders eligible for free Panvax® H1N1 vaccine?

Yes, anyone including travellers and non-residents in Australia can receive the free vaccine.

Can a pregnant woman be safely immunised at any stage of pregnancy?

Yes. Panvax® H1N1 vaccine is recommended during any stage of pregnancy due to a pregnant woman's increased susceptibility to complications such as miscarriage, premature labour and death from pandemic (H1N1) 2009 influenza. Receiving the vaccine during pregnancy will also protect the baby by passing on protective antibodies to the baby for the first few months after birth.

Can a breast feeding mother safely receive Panvax® H1N1 vaccine?

Yes. Breastfeeding mothers reduce their chances of acquiring pandemic (H1N1) influenza and passing it on to their baby. There is no evidence that the vaccine affects the breast milk, and the vaccine cannot give the woman the flu. Immunity is not passed to the baby through the breast milk. Carers of babies under six months of age are a priority target group to be vaccinated to protect the baby who is too young to be vaccinated.

Where can I find translations?

Translations of the consent form and information brochures are available in the following languages: Arabic, Chinese, Croatian, Greek, Italian, Korean, Macedonian, Serbian, Spanish, Turkish, Vietnamese and Indigenous Australian for download at: www.healthemergency.gov.au

How long can the Panvax® H1N1 vial be kept after it is first opened?

Provided the vaccine is stored between +2°C and +8°C and protected from light, use the vaccine within 24 hours of first opening being careful to record on the vial label the date and time it was first opened. Never leave a drawing up needle inserted into a multi-dose vial if you have finished drawing up because it leaves the vial vulnerable to contamination. Discard the vial 24 hours after the date and time on the side of the vial has elapsed.



How long can I have Panvax® H1N1 vaccine drawn-up in the syringe before administering?

Store prepared syringes between +2°C and +8°C in a suitably sized, clean container which is protected from light and labelled clearly with the date and time doses were drawn, the name of the person who prepared the doses, vaccine name, vial batch number and expiry time of drawn doses, until they are ready to be administered up to a maximum interval of four hours.

The Australian Technical Advice Group on Immunisation (ATAGI)

ATAGI has issued detailed guidance on four important aspects of the Panvax®H1N1 vaccine program which can be downloaded at: www.healthemergency.gov.au

Latex allergy

- Australian Technical Advisory group on Immunisation (ATAGI) guidance on use of latex-containing 1ml syringes from pandemic vaccination packs

Use of a MDV

- Guidance for the administration of pandemic (H1Ni) influenza vaccine from a multi-dose vials (MDV)

Thiomersal in influenza vaccines

- ATAGI advice regarding the use of influenza vaccines containing thiomersal

Guillain-Barre Syndrome

- ATAGI advice regarding influenza, influenza vaccines and Guillain-Barre Syndrome

SAEFVIC case study

A 13 year old girl at secondary school presented for her HPV vaccine (dose 1) and Hepatitis B vaccine (dose 1), which were given into separate arms. Immediately after vaccination she stood up, felt dizzy and briefly lost consciousness. After falling to the ground she had some brief stiffening (tonic) movements of her limbs.



There was no rash, her pulse was palpable (rate 70 bpm) and after five minutes she was sitting up and talking normally. On further history she had had no previous seizures, but often felt dizzy when rising quickly (postural hypotension) and had previously fainted when having blood taken. She was back at school the next day and referred to SAEFVIC by the immunisation nurse provider for review.

The history was as detailed above, with no family history of seizures or cardiac problems. Her neurological and cardiovascular examination and electrocardiogram (ECG) were normal. Clinically the reaction was consistent with a syncopal (faint/vasovagal) seizure.

Syncopal seizures are a well described phenomenon post fainting, and can occur post a painful stimulus such as a vaccination or venepuncture. The movements are usually brief and always follow the syncope: there may also be some atonic features such as urinary incontinence. These events have an associated morbidity secondary to injury following the fall and there is one case report from overseas of a death following an intracranial haemorrhage after a syncope post vaccination.

It is important these patients are reviewed by a physician to consider other neurological and cardiogenic causes. Syncopal seizures are not a complete contra-indication to further vaccine doses, however, to minimise the risk of a recurrence the client should be lying down five minutes prior and twenty minutes post the vaccination.

For further information contact SAEFVIC.
Phone: 1300882924
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Product alert

Providers are alerted to familiarise themselves with the Hiberix and Infanrix *hexa* vaccine product similarities and differences as presented in the table. In mid 2010 GlaxoSmithKline, the manufacturer of these vaccines will be introducing 10 dose blister packs for Infanrix *hexa* and Hiberix to ensure each presentation encourages correct reconstitution.

Hiberix® vial

The vial label

States "Hiberix" for Hiberix vial

The coloured vial collar

A silver collar for the "Hiberix" vial in the Hiberix package

Hiberix (*Haemophilus influenzae* type b) is used routinely at the 12 month old schedule point and the pellet should always be reconstituted with the diluent provided in the pre-filled syringe supplied.



Infanrix hexa® vial

The vial label

States "Hib" for the vial contained as part of the Infanrix *hexa* package

The coloured vial collar

A green collar for the "Hib" vial contained in the Infanrix *hexa* package.

Infanrix *hexa* is used routinely at the 2, 4 and 6 month old schedule points and the Hib pellet (*Haemophilus influenzae* type b) should always be reconstituted with the diluent provided. Diluent contains the other five components of the vaccine – Diphtheria, Tetanus, Pertussis, Poliomyelitis and Hepatitis B.





Expanded pertussis prevention program for new parents

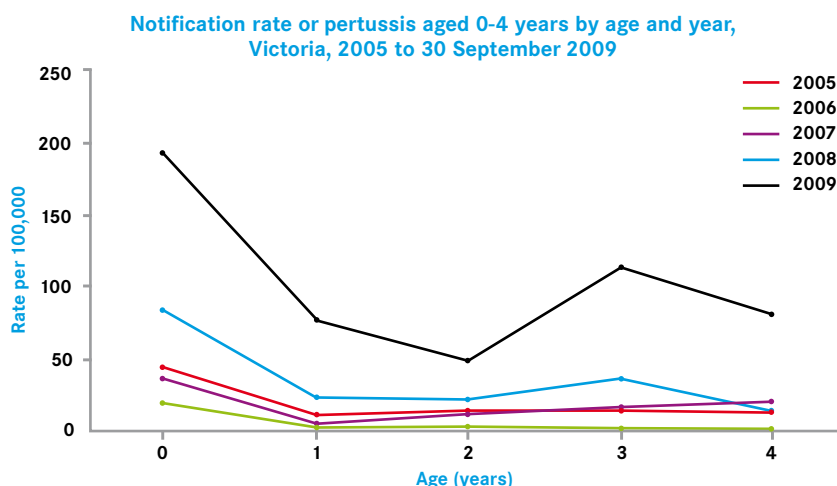
Until the 31 December 2009, Victoria has a supply of free Boostrix® vaccine for parents with a baby born since 15 June 2009.

Please offer Boostrix vaccine to these parents as soon as possible after the birth. Australia has experienced a sharp increase in pertussis notifications since 2008.

The time limited supply of Boostrix vaccine has been extended in response to the current outbreak of pertussis infection. Maternity services have the opportunity to participate in this program with other immunisation providers. Parents under 22 years of age may have been given Boostrix in Year 10 of secondary school (commenced in 2004) and do not require a further dose at this time. New parents does not mean first time parents only.

Babies are at risk from pertussis as no protection is passed from the mother to the newborn baby. Babies do not develop sufficient pertussis protection until the three dose course of pertussis containing vaccine is completed. Pertussis is most serious in babies less than six months of age and around one in every 200 babies under six months of age who catches pertussis will die. Immunisation providers are encouraged to remind parents of the importance of timely vaccination for all their children. There have been three babies die in Australia in this outbreak (CDI Vol 33 No 1 2009).

The graph highlights the increase in pertussis notifications for babies and children to four years in 2009 compared to the previous four years.



Further reading

Australian Technical Advisory Group on Immunisation (ATAGI)

The Australian Technical Advisory Group on Immunisation (ATAGI) provides advice to the Minister for Health and Ageing on the Immunise Australia Program and other related issues. In addition to technical experts, ATAGI's membership includes a consumer and general practitioners.

ATAGI bulletins outlining discussions held at face to face meetings can be accessed at the following link:
www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/advisory-bodies

Contact

For further information on the Immunisation Program please contact:

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