Did you know?

An infant can commence the schedule of vaccines from six weeks of age instead of two months. Commencing the schedule from six weeks of age is estimated to prevent an additional eight per cent of infant pertussis cases. Source: The Australian immunisation handbook: 10th edition 2013 (updated January 2014).

There are only two absolute contraindications applicable to all vaccines:

- Anaphylaxis following a previous dose of the relevant vaccine
- Anaphylaxis following any component of the relevant vaccine

False contraindications to vaccination are listed in The Australian immunisation handbook: 10th edition 2013 (updated January 2014), Table 2.1.4, p. 38.

Year 9 secondary school boys (aged 14 to 15 years) have until the end of 2014 to have the Gardasil® vaccine doses for free. The three-dose course of vaccine is spaced at zero, two and six months.

You can call Communicable Disease Prevention and Control section on 1300 651 160 to discuss the management of a rabies post-exposure sustained from bites and scratches following overseas travel or from an Australian bat. For post-exposure rabies vaccine and/or immunoglobulin treatment, download the government order form at <www.health.vic.gov.au/immunisation/vaccine-order-forms.htm>.

For one year only in 2015, the diphtheria-tetanus-pertussis (dTpa) adolescent vaccine program will be offered to secondary school students in Years 7, 8 and 9 in addition to the existing Year 10 program. From 2016, the vaccine will be offered to Year 7 students only. This transition will provide students with earlier protection from these diseases and simplify the vaccine program from 2016, with all vaccines being delivered to Year 7 students only.

Correction: An error was identified in Issue 69, June 2014 Immunisation Newsletter, Case report: anaphylaxis following influenza vaccine, p. 9. The sentence should read: The dose for Adrenaline (1:1000) is administered by deep intramuscular injection at the appropriate dose (0.01 ml/kg of bodyweight to a maximum of 0.5 ml). The amended newsletter can be viewed at <www.health.vic.gov.au/immunisation/newsletter.htm>.
Tips for ordering government vaccine

2. Order vaccine stock for one month of use and aim to order once a month, allowing for buffer stock while waiting for delivery.
3. Have one person responsible for managing the vaccine stock.
4. Do not overstock; aim to maintain air circulation in the vaccine fridge.
5. Complete all sections on the vaccine order form, including the account number, delivery address and current stock quantity of each vaccine being ordered.
6. Email the vaccine order to <orders@onelink.com.au>. You will receive a confirmation email after your order is entered and again on dispatch from the warehouse. The second email will give you a web link to track your vaccine order. Or fax your vaccine order to (03) 8588 1032.
7. Allow a minimum of three business days for processing and delivery of your vaccine order; note no country deliveries on a Monday.
8. Use the table to consider the number of times each vaccine is used to estimate the quantity of each vaccine to order each month.

<table>
<thead>
<tr>
<th>Vaccine brandab</th>
<th>Age dose given</th>
<th>Scheduled dose</th>
<th>Consider the monthly attendance of children at the health service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infanrix hexa</td>
<td>Two, four, six months</td>
<td>Three doses</td>
<td>How many infants attend monthly?</td>
</tr>
<tr>
<td>Prevenar 13</td>
<td>Three doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RotaTeq</td>
<td>Three doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priorix/M-M-R II</td>
<td>12 months, four years (MMR ends December 2015 at four years of age)</td>
<td>Two doses</td>
<td>How many 12-month-old and four-year-old children attend monthly?</td>
</tr>
<tr>
<td>Priorix-Tetra</td>
<td>18 months</td>
<td>Single dose</td>
<td>How many 18-month-old toddlers attend monthly?</td>
</tr>
<tr>
<td>Infanrix IPV</td>
<td>Four years of age</td>
<td>Single dose</td>
<td>How many four-year-old children attend monthly?</td>
</tr>
<tr>
<td>Gardasil</td>
<td>*Secondary school program in Year 7 (12–13 years), Year 9 boys (14–15 years) and Year 10 (15–16 years)</td>
<td>Three doses</td>
<td>How many eligible adolescents attend monthly?</td>
</tr>
<tr>
<td>Varilrix/Varivax</td>
<td>Single dose</td>
<td></td>
<td>Up to five doses of each school program vaccine can be ordered. If you require more call the Immunisation Section on 1300 882 008.</td>
</tr>
<tr>
<td>Boostrix</td>
<td>Single dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


14th National Immunisation Conference

The 14th National Immunisation Conference was held in Melbourne in June. To view presentations from the conference and the pre and post workshop days, visit the Public Health Association Australia website at: <www.phaa.net.au/14thNationalImmunisationConference.php>.
Injection site reaction following four-year-old DTPa-IPV dose 4 – a case report

A healthy four-year-old presented to her local council for routine four-year-old vaccines, DTPa-IPV (Infanrix IPV®) and measles, mumps and rubella (M-M-R II®). The following evening her mother noted that the arm in which the Infanrix IPV® had been given was red and hot to touch, with circumferential swelling from the shoulder to the elbow. The child was afebrile and was otherwise well, complaining only of mild discomfort in her arm. The Adverse Event Following Immunisation (AEFI) was reported by the council to SAEFVIC (Surveillance of Adverse Events Following Vaccination in the Community). The family was contacted and advised to use a cold compress on the affected arm and pain relief as required. The symptoms resolved completely within three days with minimal intervention. The AEFI was reviewed by SAEFVIC and coded as an Injection Site Reaction (ISR)-Severe and no further follow up was required.

Discussion: ISRs, or swelling at or near the injection site, are defined by the Brighton Collaboration as an ‘increase in size or volume at the injection site that may extend to the entire limb according to severity’. ISR reports at SAEFVIC are further defined as ISR Minor/Common/Expected or Severe, that is, ‘joint-to-joint’ or ‘crossing-joint’. ISR is the most frequent AEFI reported. Approximately two per cent of children receiving their fourth dose of DTPa-IPV containing vaccine report an ISR-Severe. ISRs generally commence within 48 hours of vaccination and last from one to seven days, with the majority resolving without intervention and no long-term sequelae. A history of ISR-Severe after the fourth dose of Infanrix IPV® is not a contraindication to the reduced antigen formulation of dTpa vaccine (Boostrix®) currently given at 15–16 years of age. The chances of recurrent extensive ISRs in adolescence or adulthood following a booster dose dTpa in those individuals who have experienced extensive ISRs in childhood are unknown and should be the subject of further surveillance. Contact SAEFVIC if you have any individual queries.

In 2013, SAEFVIC received 163 reports for children seven years and younger receiving Infanrix IPV®. A total of 235 AEFI reactions were described, of which 115 (49 per cent) were ISR. Of these reports, 74 (64 per cent) were minor and 41 (36 per cent) met the SAEFVIC definition of ISR-Severe. For the majority of those reporting ISR, this was their only AEFI reaction; for the remainder, fever was the most frequent accompanying AEFI, reported in 17 per cent of ISR cases.

Cellulitis at the injection site is a rare AEFI. It is important that children presenting to the healthcare professional with cellulitis are thoroughly examined to prevent the incorrect diagnosis of infective cellulitis resulting in inappropriate treatment with antibiotics. This can be difficult given the similarity of characteristics, however the absence of systemic fever and pain generally suggest ISR rather than inflammatory cellulitis. The fact that this ISR is well described post DTPa-IPV containing vaccines needs to be alerted to healthcare professionals, especially those working in emergency departments who see this reaction infrequently.

Summary: It is important that parents of children receiving the fourth booster dose of DTPa-IPV containing vaccine (between the age of 3.5 to four years) are informed of the slight increased risk of ISR following immunisation. They can be reassured that even when the ISR is extensive, children generally experience only a mild degree of functional impairment or pain significant enough to require analgesia.

Further reading:

Report adverse events following immunisation to SAEFVIC on ph. 1300 882 924 during business hours and select option #1 or report online at <www.saefvic.org.au> or fax (03) 9345 4163.
The Melbourne Vaccine Education Centre (MVEC) website is a new initiative, providing up-to-date immunisation information for healthcare professionals, parents and the public.

MVEC is a collaboration between the Melbourne Immunisation Services (The Royal Children's Hospital and Monash Health), The Murdoch Childrens Research Institute and the University of Melbourne.

The aim is to provide relevant clinical information based on the latest available evidence, as well as practical tools to assist in education and decision making around new vaccines. In order to provide this service, we are asking you to take some time to view the website at <www.mvec.vic.edu.au> and then answer a short online survey sharing your thoughts on the website’s content, credibility, accessibility and design. The survey should take no longer than 10–15 minutes.

Primary school enrolment – immunisation status certificates

Enrolment in primary school is underway for 2015. It is a legal requirement for parents to provide an immunisation status certificate when enrolling their child at primary school. Victoria’s Public Health and Wellbeing Act 2008 outlines the legislative requirements:

- Parents must provide an immunisation status certificate to the primary school before the child attends the school.
- It is the responsibility of the person in charge of the school to obtain an immunisation status certificate for each child attending the school and to ensure that immunisation records are kept up to date.

Who can issue an immunisation status certificate?

- The Australian Childhood Immunisation Register (immunisation history statement)
- Any Medicare office
- A general practitioner
- The local council immunisation service

The immunisation provider must sight the relevant documentation as evidence of immunisation in order to produce the immunisation status certificate. The immunisation status certificate must include:

- the child’s name, address and date of birth
- the name of each vaccine and the date it was administered.

Homeopathic immunisation is not a recognised form of immunisation under the legislation and should not be included on the immunisation status certificate.

Information to assist parents to obtain the status certificate

The brochure Starting primary school? provides information to parents about obtaining an immunisation status certificate when enrolling their child into primary school.

- You can order the free brochure (code PH036) online from the department’s immunisation website at <ideas.health.vic.gov.au/resources-immunisation.asp>.
- You can also download the brochure in a number of languages at <www.health.vic.gov.au/immunisation/factsheets/language.htm>.
Gardasil® vaccine catch-up program for Year 9 boys

Year 9 secondary school boys (aged 14 to 15 years) have until the end of 2014 to have the human papillomavirus (HPV) vaccine (Gardasil®) doses for free. Your medical centre can order the Gardasil® vaccine for adolescent boys aged 14 to 15 years of age or in Year 9 of secondary school. From January 2015, Gardasil® vaccine is not a free vaccine for this age cohort. The Gardasil® vaccine will need to be purchased on prescription. An adolescent with an incomplete vaccine course in 2015 should be recalled and encouraged to complete all doses.

Boys and girls aged 12 to 13 years or in Year 7 of secondary school are eligible for the free Gardasil® vaccine in the ongoing secondary school-based vaccine program or in a community setting such as a GP clinic or local council community session.

Promote the importance of a complete course of HPV vaccine with your adolescents and their parent or guardian and report all HPV vaccine doses administered to the National HPV Vaccination Program Register.

The following table demonstrates the adolescent participation in the secondary school-based HPV vaccine program in 2013. The data does not include HPV vaccine administered at other health services such as a GP clinic. Having all three doses of the Gardasil® vaccine is the best way to reduce the adolescent’s chance of developing HPV related disease later in life. The data shows that vaccine uptake decreases after each dose in the course and males have a lower vaccine uptake overall than females.

<table>
<thead>
<tr>
<th>HPV dose administration in 2013</th>
<th>Year 7 Male</th>
<th>Year 7 Female</th>
<th>Year 7 aggregate for a complete three dose course</th>
<th>Year 9 Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>83%</td>
<td>84%</td>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>Two</td>
<td>77%</td>
<td>81%</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>Three</td>
<td>68%</td>
<td>74%</td>
<td>71%</td>
<td>63%</td>
</tr>
</tbody>
</table>

Source: Local council immunisation programs HPV vaccine administration data 2013.

How to notify the HPV Register of doses administered

There are three main ways to notify the HPV Register. Register staff are available to discuss the most suitable option for your practice - please phone 1800 478 734. Please note that HPV dose records are not automatically extracted and transmitted electronically from your practice management software and that the HPV Register is not part of the Australian Childhood Immunisation Register.

To notify doses to the HPV Register:

1. Complete the HPV Register single dose notification form that is enclosed with the vaccine delivery or print a copy from <www.hpvregister.org.au/health-professionals.aspx>. Post the report to PO Box 725, Sunshine, VIC 3020 or fax to (03) 8360 8699.

2. Gardasil® reports can be extracted and printed from the most popular practice management systems. Instructions are available on the HPV Register website at <www.hpvregister.org.au/> or phone 1800 478 734 for assistance. Post the report to PO Box 725, Sunshine, VIC 3020 or fax to (03) 8360 8699.

3. Enter vaccination details directly via the web by logging on to the HPV Register secure website at <www.hpvregister.org.au/health-professionals.aspx>. To enter vaccination details you must be a registered online user, GPs can request online access by completing a GP Registration Form at <www.hpvregister.org.au/health-professionals.aspx> and faxing it to the HPV Register at (03) 8360 8699.
Influenza vaccine – keep vaccinating your eligible patients

The Department of Health supplies free seasonal influenza vaccine for people who are at high risk of a poor outcome after influenza infection.

Eligibility for free influenza vaccine

The following groups are eligible for free government-supplied seasonal influenza vaccine:

- people aged 65 years and older
- pregnant women, at any time during their pregnancy
- Aboriginal and Torres Strait Islander people aged 15 years and older
- residents of nursing homes and other long-term care facilities
- any person over six months of age with a condition predisposing them to severe influenza illness requiring regular medical follow-up or hospitalisation, including children aged from six months to 10 years undergoing long-term aspirin therapy
- people with
  - cardiac disease
  - chronic respiratory conditions
  - immunocompromising conditions
  - diabetes and other metabolic disorders
  - chronic neurological conditions
  - renal disease
  - haematological disorders.

The following three conditions must meet at minimum, one of the above criteria:

- Down syndrome and one of the conditions listed above
- obesity (BMI ≥ 30 kg/m²) and one of the conditions listed above
- alcoholism requiring regular medical follow-up or hospitalisation in the preceding year and one of the conditions listed above.

From June 2014, Pneumovax®23 vaccine has commenced its transition to the new packaging as shown. The change in packaging will apply to both singles and ten packs.

Additionally, Pneumovax®23 will be moving to a prefilled syringe presentation for the 2015 season. This change will apply to both singles and ten packs as the vial presentations will be phased out of production.

Pneumovax® 23 vaccine – healthy adults are eligible for free vaccine

All adults without a risk of invasive pneumococcal disease (IPD) aged 65 years or over who have not yet had a dose of Pneumovax® 23 vaccine should have a single dose.

All Aboriginal and Torres Strait Islander people without a risk of IPD aged 50 years or over who have not yet had a dose of Pneumovax® 23 vaccine should have a dose, then routinely get a second dose five years later.


Resources for parents and caregivers

The National Centre for Immunisation Research and Surveillance has developed new consumer resources that may assist parents and caregivers in understanding the many aspects of immunisation and vaccines.

The resources include online articles, decision aids, websites, books and other publications, documentaries/videos.

Poster – which limb will I use?

Vaccine injections should be administered into the anterolateral thigh in infants younger than 12 months of age and into the deltoid muscle in children from 12 months of age.

Display this guide in your centre to provide advice on the vaccine brand for each limb site for routine vaccines in infants and children. A consistent approach by all has the following benefits:

- in the event of a severe local reaction the brand of vaccine can be quickly identified
- records held by both the health service and the consumer can be accurately updated
- error in administering the wrong vaccine at the wrong age will be reduced.

2 (from 6 weeks), 4 & 6 month old

Rota Teq® (oral), Infanrix Hexa, Prevenar 13®

12 month old

M-M-R® II or Priorix®
Menitorix®

18 month old

Priorix-Tetra®

Four year old (from 3.5 years)

Infanrix IPV®
M-M-R® II or Priorix®
New hepatitis B resources for Chinese and Vietnamese communities

Chinese and Vietnamese communities bear a disproportionately high health burden of viral hepatitis B in Australia. The hepatitis B virus affects about one in 10 Chinese people and one in eight Vietnamese people in Australia, compared to one in 100 of the general Australian population.

It is estimated that only half of people living with chronic hepatitis B have been diagnosed and only three per cent of people with chronic hepatitis B access clinical management of their condition.

The new postcard resources from Hepatitis Victoria aim to raise awareness among Chinese and Vietnamese communities about this health issue and to encourage testing, vaccination and regular check-ups.

Please order the postcards for your Chinese and Vietnamese communities. To order:
Call: Hepatitis Infoline on 1800 703 003
Email: admin@hepvic.org.au

View Hepatitis Victoria’s resource list at <www.hepvic.org.au/hepatitis_resources>

For more information about Hepatitis Victoria contact:
Shinen Wong, Health Promotion Project Officer
Email: shinen@hepvic.org.au
Hepatitis Infoline: 1800 703 003

Further reading
Timely versus delayed early childhood vaccination and seizures

New research suggests that while vaccinating infants on time is as safe as delayed vaccination with regard to post-vaccination seizures, delaying the first measles-mumps-rubella (MMR) vaccine past the recommended age of 15 months may increase the risk of post-vaccination seizures. Researchers from the Institute for Health Research, Kaiser Permanente, Colorado, looked at a cohort of more than 323,000 American children born from 2004 to 2008 to analyse the association between the timing of infant vaccination and the first occurrence of seizure in the first two years of life. There was no association between the timing of infant vaccination and post-vaccination seizures for one-year-olds. However, the researchers note, the incident rate ratio (IRR) for seizures within seven to 10 days after the first MMR doses given at 12 to 15 months of age was 2.65, versus 6.53 for seizures after first MMR doses given between 16 and 23 months. In addition, the IRR for seizures after first doses of the measles-mumps-rubella-varicella vaccine at 12 to 15 months was 4.95, versus 9.80 for first doses given at 16 to 23 months. Hambidge SJ, Newcomer SR, Narwaney KJ. Available at <pediatrics.aappublications.org/content/early/2014/05/14/peds.2013-3429>.

Contact
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50 Lonsdale Street, Melbourne 3000

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Fax: 1300 768 088
Email: immunisation@health.vic.gov.au