Did you know?

Onelink is your new warehouse and distribution service for government-supplied vaccine. Read inside for more information.

Reconstitute! Reconstitute! Reconstitute!

The four new brands of vaccine introduced into the childhood vaccine schedule from July 2013 need to be reconstituted with diluent supplied in a prefilled syringe.

Scheduled ages and changes for the routine childhood vaccines from July 2013 in Victoria.

The following table shows the National Immunisation Program vaccine schedule points for Victoria from July 2013 where changes have occurred.

<table>
<thead>
<tr>
<th>Age schedule</th>
<th>New vaccine brand name</th>
<th>Antigen content</th>
<th>Abbreviation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td>M-M-R® II or Priorix®</td>
<td>Measles, mumps, rubella</td>
<td>MMR</td>
<td>Priorix® or M-M-R® II brand is used.</td>
</tr>
<tr>
<td></td>
<td>Menitorix®</td>
<td>Haemophilus influenzae type b, meningococcal C</td>
<td>Hib-MenC</td>
<td>Menitorix® replaces Hiberix® and NeisVac-C®.</td>
</tr>
<tr>
<td>18 months</td>
<td>Priorix-Tetra®</td>
<td>Measles, mumps, rubella, varicella</td>
<td>MMRV</td>
<td>MMRV replaces the varicella dose at 18 months and the second MMR dose at four years of age. At four years of age only DTP-IPV will be given.</td>
</tr>
<tr>
<td>Four years</td>
<td>M-M-R® II or Priorix®</td>
<td>Measles, mumps, rubella</td>
<td>MMR</td>
<td>Priorix® or M-M-R® II brand is used. The four-year-old MMR dose ends in December 2015.</td>
</tr>
<tr>
<td>Infanrix IPV</td>
<td></td>
<td>Diphtheria, tetanus, pertussis, polio</td>
<td>DTP-IPV</td>
<td></td>
</tr>
<tr>
<td>12–13 years (Year 7 in school)</td>
<td>Varilrix® or Varivax®</td>
<td>Varicella</td>
<td>VV</td>
<td>Varilrix® or Varivax® brand is used.</td>
</tr>
</tbody>
</table>
New edition of *Myths and Realities*

The fifth edition of *Myths and Realities: responding to arguments against vaccination* – a guide for providers gives health professionals information to address some of the most commonly held myths about immunisation. The new edition includes updated information on:

- notifications of vaccine-preventable diseases
- the risk of intussusception following rotavirus vaccine
- MMR vaccine and autism
- influenza vaccine
- reporting adverse events following immunisation.

*Myths and Realities* is available from the Department of Health immunisation website at <ideas.health.vic.gov.au/resources-immunisation.asp>.

**Parent Boostrix® vaccine – the free program has ended**

A reminder to all immunisation providers that the free pertussis-containing Boostrix® vaccine for parents of newborn babies ended on 30 June 2012. The government-funded program commenced in June 2009 in response to the increasing incidence of pertussis notifications in Victoria.

Pertussis notifications to the Department of Health between January and June 2013 numbered 1,260 compared to 1,986 in 2012 and 4,136 in 2011 for the same period.

People who are in contact with infants and others at increased risk of pertussis should be vaccinated with a pertussis-containing adult formulation vaccine. Vaccine can be purchased on prescription.

A previous dose of pertussis-containing vaccine in adulthood is not a contraindication to further doses. If a pertussis-containing vaccine has previously been administered to an adult in recent years (such as during the pertussis outbreak) a booster dose can be given. Refer to *The Australian Immunisation Handbook 10th Edition 2013*, Section 4.12.7 entitled Recommendations (p. 308) for booster dose advice.


**Catch-up immunisation – see the 10th edition handbook**

*The Australian immunisation handbook* has an excellent range of tables to assist in planning a catch-up schedule from three months of age to adulthood.

**Tables for children aged less than 10 years**

- Table 2.1.6: This table states how many vaccine doses are required.
- Table 2.1.7: This table helps you to space the vaccine doses.
- Table 2.1.8: This table helps you calculate the number of Hib doses for children under five years of age.
- Table 2.1.9: This table helps you to calculate the number of Prevenar 13® doses.

**Table for adolescents and adults**

- Table 2.1.12: This table gives you a schedule for people aged 10 years and over (for vaccines recommended on a population level).

**Deleted resource – Quick guide: catch-up immunisation for Victoria**

This document has been removed from circulation due to the introduction of the new *Australian immunisation handbook*, which has detailed information on catch-up immunisation.
New vaccines – which limb will I use?

Vaccine injections should be administered into the anterolateral thigh in infants less 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 by the consumer can be accurately and quickly updated
- errors in administering the wrong vaccine at the wrong age will be reduced.

2, 4 & 6 month old
Rota Teq®, Infanrix Hexa
Prevanar 13®

12 month old
M-M-R® II or Priorix®
Menitorix®

18 month old
Priorix-Tetra®

Four year old
Infanrix IPV®
M-M-R® II or Priorix®
Priorix-Tetra®

Priorix-Tetra® is a combination MMRV vaccine. Children at 18 months of age receive Priorix-Tetra® vaccine. MMRV vaccine brings the second dose of MMR to 18 months of age to improve uptake and provide earlier protection.

DO NOT use Priorix-Tetra® in infants who are 12 months of age or as the first dose of MMR vaccine because there is an increased risk of febrile convulsions. MMR vaccine should be used as the first dose for 12-month-old infants or if a child under four years of age is on a catch-up schedule.

MMR vaccine should still be used at four years of age for children who previously had Priorix® at 12 months of age and Varilrix® at 18 months of age. MMR vaccine will continue on the schedule at four years of age until the end of 2015. After this time four-year-old children will only need the one injection, Infanrix IPV® (DTPa IPV) vaccine.

Reconstitute Priorix-Tetra®

Priorix-Tetra® is supplied as a vial containing an MMRV pellet and a prefilled syringe of diluent with which to dissolve the pellet. The reconstituted vaccine dose is 0.5 ml and the colour varies from clear peach to a fuchsia-pink.

Administer by either intramuscular or subcutaneous injection.

Menitorix®

Menitorix® is a combination vaccine containing Hib-MenC antigens. Menitorix® has replaced two injections – Hiberix® and NeisVac-C® – both of which were administered at 12 months of age. The addition of this combined Hib-MenC vaccine reduces the number of injections needed at 12 months of age from three to two. The other vaccine is MMR.

Reconstitute Menitorix®

Menitorix® is supplied as a glass vial of Hib-MenC in the form of white powder and a prefilled syringe of 0.5 ml of clear colourless diluent with which to dissolve the powder.

Administer Menitorix® by intramuscular injection.

Alternative brands of MMR and VV vaccine

**You may hold two brands of MMR in your fridge:**
- M-M-R® II
- Priorix® (current MMR vaccine).

**You may hold two brands of VV in your fridge:**
- Varivax®
- Varilrix® (current VV).

M-M-R® II is a new brand of MMR vaccine

Either brand of MMR vaccine can be used at 12 months of age or at four years of age or for catch-up vaccination.

Reconstitute M-M-R® II

M-M-R® II is supplied as a vial containing an MMR pellet and a prefilled syringe of diluent with which to dissolve the pellet.

Administer M-M-R® II by subcutaneous injection.

Varivax® is a new brand of VV vaccine

Either brand of VV can be used in adolescents between 12 and 13 years of age or for catch-up vaccination.

Reconstitute Varivax®

Varivax® is supplied as a vial containing a chickenpox pellet and a prefilled syringe of diluent with which to dissolve the pellet.

Administer Varivax® by subcutaneous injection.
Report Menitorix® and Priorix-Tetra® to the immunisation register

Make sure that your medical software program is updated in order to report the new vaccines to the Australian Childhood Immunisation Register (ACIR).

**Menitorix® – report to ACIR as dose one of meningococcal C**

This is the first dose of the meningococcal C component. ACIR will search for previously reported Hib doses for the child and automatically record the Hib component accordingly (routinely dose four).

**Priorix-Tetra® – report to ACIR as dose two of MMR**

This is the second dose of the MMR component. ACIR will search for previously reported VV dose for the child and automatically record the VV component accordingly (routinely dose one).

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Definition of ‘fully immunised’ for parent payments

From 1 July 2013 the meningococcal C, pneumococcal and varicella vaccines will be included in the list of scheduled immunisations that are required for a child to be fully immunised. Children need to be fully immunised during the financial years that each child turns one, two and five years of age to obtain the Family Tax Benefit Part A supplement – up to $726.35 for each child for that period.

**Requirement for the Family Tax Benefit Part A supplement**

- The two, four and six-month-old vaccinations count towards the one-year age checkpoint.
- The two, four, six, 12 and 18-month-old vaccinations count towards the two-year age checkpoint.
- The two, four, six, 12, 18-month-old and four-year-old vaccinations count towards the five-year age checkpoint.
- If the supplement is not paid because immunisation requirements haven’t been met, a timeframe of two years from the end of the financial year in which a child turns one, two or five is available to meet the requirements.

To meet the immunisation requirements, children will need to be fully immunised, be on a recognised immunisation catch-up schedule, or have an approved exemption.

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Save the date – clinical vaccinology update

This vaccinology update is hosted by SAEFVIC, The Royal Children’s Hospital and the Monash Immunisation Service, and is supported by Medicines Australia. Topics to be covered include:

- an update on pertussis by Dr Nicholas Wood from the National Centre for Immunisation Research and Surveillance in Sydney
- an update on influenza by Associate Professor Christopher Blyth from the Princess Margaret Hospital for Children in Perth
- ‘Optimising the immunisation status of Aboriginal and Torres Strait Islander persons’ presented by Associate Professor Ross Andrews from the Menzies School of Health Research, Charles Darwin University in Darwin.

The day will finish with a question and answer session with an expert panel.
Adults aged 65 years or over are at higher risk of contracting pneumococcal disease than the rest of the population, with the majority of deaths from this disease occurring in this age group. Every effort should be made to provide a dose of Pneumovax 23® to anyone older than 65 years who has not previously received a dose of Pneumovax 23®.

Pneumovax 23® is recommended for all Indigenous adults reaching the age of 50 years and Indigenous adults aged less than 50 years with a condition(s) associated with an increased risk of invasive pneumococcal disease (IPD).

The Australian immunisation handbook details the use of Prevenar 13® for adults in the Category A list. Refer to Section 4.13 entitled Pneumococcal disease for the full recommendations.

The following lists identify the conditions that increase a person’s risk of contracting IPD.  

Category A: Conditions associated with the highest increased risk of IPD

- Functional or anatomical asplenia, including
  - sickle cell disease or other haemoglobinopathies
  - congenital or acquired asplenia (for example, splenectomy), splenic dysfunction

- Immunocompromising conditions, including
  - congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency
  (Note: Children who require monthly immunoglobulin infusion are unlikely to benefit from vaccination)

- Immunosuppressive therapy (including corticosteroid therapy ≥2 mg/kg per day of prednisolone or equivalent for more than one week) or radiation therapy, where there is sufficient immune reconstitution for vaccine response to be expected
- haematological and other malignancies
- solid organ transplant
- haemopoietic stem cell transplant
- HIV infection (including AIDS)
- chronic renal failure, or relapsing or persistent nephrotic syndrome

- Proven or presumptive cerebrospinal fluid leak
- Cochlear implants
- Intracranial shunts

Category B: Conditions associated with an increased risk of IPD

- Chronic cardiac disease
  - particularly cyanotic heart disease or cardiac failure in children
  - excluding hypertension only (in adults)
- Chronic lung disease, including
  - chronic lung disease in preterm infants
  - cystic fibrosis
  - severe asthma in adults (requiring frequent hospital visits and multiple medication use)
- Diabetes mellitus
- Down syndrome
- Alcoholism
- Chronic liver disease
- Preterm birth at <28 weeks’ gestation
- Tobacco smoking

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2 Source: The Australian immunisation handbook
Onelink – the new warehouse and distribution service for vaccine

The warehouse and distribution service for government-supplied vaccine is now being provided by Onelink. You must use the latest government-supplied vaccine order forms available from <www.health.vic.gov.au/immunisation>.

Submit your vaccine order by email

Email your vaccine order to <orders@onelink.com.au>. You will receive a confirmation email when your order is entered at the warehouse and again when your order is dispatched. The second email will give you a web link to quickly and easily track your vaccine order.

Submit your vaccine order by fax

Fax your vaccine order to (03) 8588 1032.

Submit your vaccine order online

Online ordering of vaccine will be available in the near future.

Update your contact list for Onelink

Customer service telephone: (03) 8588 1042
Fax: (03) 8588 1032
Customer service email: customerservice@onelink.com.au
Email for vaccine stock enquiries or to update your clinic’s contact details
Email vaccine orders: orders@onelink.com.au

TagAlert® – new vaccine cold chain monitor

If you have already received a delivery from Onelink, you will have noticed the new cold chain monitor TagAlert® that comes with your vaccine delivery. The new monitor gives more information in the event of a vaccine delivery cold chain breach. It features electronic reliability and accuracy with alarm settings.

The monitor is simple to read with instructions enclosed, however, Onelink will help you if you have any concerns about reading the monitor.

When the vaccine is delivered, read the monitor immediately.

If ‘OK’ is displayed on the screen the vaccine is safe to use. Unpack and refrigerate the vaccine immediately or as soon as possible. Discard the monitor.

You know an alarm has been triggered when the monitor screen displays black boxes over the ‘OK’ and the numbers 1, 2, 3 or 4 appear. Isolate the vaccine in your fridge and call Onelink for further advice. You can discard the monitor once you have received advice from Onelink.

Resources and further reading


Vasovagal episode during immunisation – a case study

A 12-year-old boy presented for Year 7 immunisation at the gym in his school. After waiting in line he stepped behind the screen and, still standing, received his Gardasil® and Varilrix® injections from the nurse immuniser in each arm simultaneously.

Within a minute the boy had become pale and clammy with a fixed stare. Nursing staff lay the boy down. He briefly lost consciousness and had approximately five to 10 seconds of stiffness and back arching. Nursing staff elevated the boy’s legs and he quickly regained consciousness. Nursing staff observed the boy for another hour. His mother collected him from school shortly after this and reported later that he remained a bit vague for another hour. The mother recalled that her son had had a similar reaction during immunisation when he was four years old.

Definition

A vasovagal episode (faint) is mediated by vagus nerve stimulation. Onset is immediate, usually during or within five minutes of vaccine administration. It is the most common and immediate adverse event following immunisation in adolescents and adults, with a peak age incidence of 15 years.

Signs and symptoms of a vasovagal episode

- Skin – generalised pallor, cool and clammy
- Respiratory – normal respirations (may be shallow but not laboured)
- Cardiovascular – bradycardia, weak or absent peripheral pulses but a strong carotid pulse
- Hypotensive – usually transient and corrected in supine position
- Neurological – faint or light-headed sensations, loss of consciousness, improves once supine
- Gastrointestinal – nausea and/or vomiting

As an immunisation provider you should be able to distinguish between a vasovagal episode and anaphylaxis. See The Australian immunisation handbook, Table 2.3.1 entitled Clinical features that may assist differentiation between a vasovagal episode and anaphylaxis.

This case highlights the importance of preventing a vasovagal episode by the following interventions:

- clients should be seated during vaccine administration
- clients should be advised to have something to eat and drink prior to vaccination
- clients who have a history of a vasovagal episode should lie down five minutes prior, during and after vaccine administration for a period of 15 to 30 minutes
- adults should avoid driving for at least 30 minutes after vaccination.

SAEFVIC contact details

Online: www.saefvic.org.au
Email: saefvic@mcri.edu.au
Telephone: 1300 882 924 or (03) 9345 4143
Fax: (03) 9345 4163