Did you know?

CSL’s Fluvax® brand is not licensed for use in children under five years of age due to the increased risk of febrile convulsions following the vaccine. Do not use Fluvax® in children aged five to nine years unless there is no alternative brand available.

Gardasil® vaccine can be ordered by a medical clinic for a Year 7 school girl without the need to telephone the Immunisation Section first to request the vaccine dose.

Reporting a HPV vaccine dose promptly and accurately to the National HPV Vaccination Program Register, can eliminate unnecessary doses of vaccine being administered to females and helps calculate vaccine coverage in the target population.

The hepatitis B vaccine school based catch-up program for Year 7 students ends this year. In 2013 there will be a mop-up with hepatitis B vaccine for any Year 7 student who has not been immunised or a Year 8 student with an incomplete course of hepatitis B vaccine. This mop-up will not be a school based program. Hepatitis B vaccine commenced on the infant immunisation schedule on 1 May 2000. These children are now entering secondary school so the catch-up program will end.

It’s not too late to give the free seasonal influenza vaccine for medically at-risk patients.

There is an updated Government Funded Vaccine Order Form ready for use and available from the Immunisation Section website at: www.health.vic.gov.au/immunisation/
$2,100 incentive to ensure a child is fully immunised

The Australian Government is introducing financial reforms to Australia’s childhood immunisation arrangements that aim to increase the immunisation rates of Australian children over time.

These changes mean that from 1 July 2012:

• Families will now need to have their children fully immunised to receive the existing $726 per child Family Tax Benefit Part A supplement, replacing the Maternity Immunisation Allowance.
• A new immunisation check will be introduced for one-year-olds to supplement the existing focus on immunisation at two and five years of age. This new check plus the existing checks at two and five years of age will provide three payments totalling $2,100.

From 1 July 2013:

• The meningococcal C, pneumococcal and varicella vaccines will be included in the list of immunisations that are needed for a child to be fully immunised.
• A combination vaccine for measles, mumps, rubella and varicella for children aged 18 months will be added to the National Immunisation Program Schedule.

Stronger incentives will help make sure important early vaccinations are received at the medically recommended times at two, four and six months of age. The new arrangements will create a stronger financial incentive for parents. Over three immunisation check points, families will have a $2,100 incentive to ensure their child is fully immunised. 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.

More vaccines to be assessed

The meningococcal C, pneumococcal and varicella vaccines are currently listed on the National Immunisation Program Schedule. From 1 July 2013, these vaccines will be added to the list of immunisations that children need to receive to be assessed as fully immunised to receive the Family Tax Benefit Part A supplement and Australian Government childcare payments.

What do families need to do?

The Australian Government will write to all families who are affected to explain the changes, and what immunisations their children need. Families then need to make sure their children receive all the listed immunisations in a timely manner. The Family Assistance office will check whether a child is assessed by the Australian Childhood Immunisation Register as being fully immunised (or has an approved exemption) at the end of the financial year when a family’s payments are reconciled and the Family Tax Benefit Part A supplement is provided. This happens after parents lodge their tax returns. Further information about the changes to payments for families can be found at the following government website: www.fahcsia.gov.au

Check your immunisation HALO

Your Health, Age, Lifestyle and Occupation (HALO) are the four factors that determine your immunisation needs.

The HALO graphic poster can be viewed and downloaded for display in your health service to create an interest from the public regarding their immunisation needs by visiting www.health.vic.gov.au/immunisation/
Need a Gardasil® vaccine for a Year 7 secondary school girl?

The government stock of human papillomavirus (HPV) vaccine, Gardasil®, is supplied to immunisation providers to vaccinate Year 7 secondary school girls or to catch-up missed doses for Year 8 secondary school girls who started their course the previous year. After administering the Gardasil® vaccine, please report the dose given promptly and accurately to the National HPV Vaccination Program Register (HPV Register). Enter vaccination details directly via the web by logging on to the HPV Register Secure web site www.hpvregister.org.au. For assistance please phone the HPV Register on 1800 478 734 (1800 HPV REG).

Report HPV vaccine doses administered promptly

Only 58 per cent of GP-administered doses were reported to the HPV Register

Reporting to the HPV Register the HPV vaccine doses administered by all local councils and medical clinics will provide the vaccine coverage uptake of the target population of girls aged 12 to 13 years. Accurate vaccine coverage data enables the government to identify and target the health promotion activities in low-coverage populations.

There were 6,298 doses of Gardasil® vaccine sent to medical clinics in 2011 for the secondary school girl vaccine program and of those doses, only 58 per cent were reported to the HPV Register.

Recently a school girl inadvertently received a fourth dose of Gardasil® vaccine. Her final dose, which was given two months earlier, had not been reported to the HPV Register in a timely manner and the family did not remember that the last dose had been given. The practice nurse contacted the HPV Register to confirm if the third dose was given and with no record found, went on to give the extra HPV vaccine dose.

Chief Health Officer reminder – seasonal flu vaccines are still important

Victoria’s Chief Health Officer, Dr Rosemary Lester, has urged Victorians at risk of influenza to be immunised. ‘Those who are particularly at risk from flu include anyone aged over six months with chronic medical conditions, pregnant women, Aboriginal and Torres Strait Islanders aged over 15, and everyone aged 65 and over.’

‘Influenza is caused by a highly contagious virus that is spread by coughs and sneezes,’ Dr Lester said. ‘Every year it causes widespread illness in the community.’

The vaccine provides protection from about two weeks after the injection and lasts for about one year. ‘Even if you were immunised last year, you still need to be protected this winter by having the vaccine again.’ Dr Lester said flu vaccination was one of the most effective actions in helping fight the spread of infection.

‘About 2,800 Australians die each year either directly from the seasonal flu, complications due to flu, or pneumonia,’ Dr Lester said. In 2011 there were 3,226 notifications of laboratory-confirmed influenza in Victoria compared with 2,051 cases in 2010.

Seasonal vaccine is still available to order. The following table lists medical conditions eligible for free government-supplied seasonal influenza vaccine.
Medical conditions associated with an increased risk of influenza disease complications†

<table>
<thead>
<tr>
<th>Category</th>
<th>Vaccination strongly recommended for people with the following medical conditions</th>
</tr>
</thead>
</table>
| Cardiac disease                               | Cyanotic congenital heart disease  
|                                               | Congestive heart failure  
|                                               | Coronary artery disease  
|                                               | Down syndrome (whether cardiac involvement or not)                                                                                                   |
| Chronic respiratory disease*                  | Severe asthma (requiring frequent medical management)  
|                                               | Cystic fibrosis  
|                                               | Bronchiectasis  
|                                               | Suppurative lung disease  
|                                               | COPD                                                                                                                                             |
| Diabetes and other metabolic disorders        | Type 1 diabetes or Type 2 diabetes  
|                                               | Chronic metabolic disorders                                                                                                                        |
| Renal disease                                 | Chronic renal failure                                                                                                                             |
| Chronic neurological disease*                 | Hereditary and degenerative CNS diseases* (including cerebral palsy)  
|                                               | Seizure disorders  
|                                               | Spinal cord injuries  
|                                               | Neuromuscular disorders                                                                                                                           |
| Immune impairment                             | Immunosuppressive therapy due to disease or treatment (including leukaemia, cancer or transplantation)  
|                                               | Asplenia or splenic dysfunction  
|                                               | HIV infection                                                                                                                                     |
| Long-term aspirin therapy in children aged >6 months to 10 years | These children are at increased risk of Reye syndrome following influenza infection                                                               |
| Haematological disorders                      | Haemoglobinopathies                                                                                                                               |

* Anyone with a condition that compromises the management of respiratory secretions and is associated with an increased risk of aspiration should be vaccinated. † Adapted from the Australian Immunisation Handbook, 9th Edition.

Use distraction to ease children’s immunisation pain

Using distraction techniques gives doctors and nurses strategies to positively guide young children through an immunisation. It is important to engage the attention of the child and also comply with infection control protocols.

No one likes to have an injection and some health professionals do not like having to administer multiple injections to children at the same visit such as the visit at 12 months of age when three vaccines are scheduled.

The issue of pain and fear in children is something that can be emotionally traumatic for the toddler and preschooler and distressing for most parents attending with their child for immunisation.

Distraction diverts attention away from the procedure by focusing the child’s attention on an object or activity.

This relaxes the child, aids cooperation and lessens their awareness of pain. A more relaxed, cooperative child results in reduced anxiety for the child, parent and professional, and overall a smoother procedure.

Try different distraction techniques depending on the age of the child such as:

- an interactive book that makes familiar sounds for the child and the press buttons on the book can be wiped over using alcohol wipes after use
- asking the child to blow a windmill toy to make the colourful blades spin
- bubble blowing which is visually distracting for a toddler
- soothing shushing sounds for an infant followed afterwards by swaddling and cuddling.
Employing a nurse immuniser?
What you need to know

In Victoria, the Drugs, Poisons and Controlled Substances Regulations 2006 are the mechanism by which Registered Nurses are approved to administer specified immunisations and can manage adverse reactions where there may not be a medical practitioner present. The service is provided to approved client groups in circumstances such as nurse-led immunisation services in local councils, general practice, hospitals, community health and occupational health services.

The Department of Health Secretary Approval will apply to a Registered Nurse who has completed a program of study. The nurse must meet the defined criteria in the Secretary Approval to practice. The Secretary Approval is not applicable to Registered Nurses who have not completed a program of study but who may administer vaccines supplied under an individual prescription or under the direction (such as a drug order) and supervision of a medical practitioner.

The Registered Nurses’ employer has a responsibility to have in place the following minimum elements to support safe, high-quality immunisation services by approved Registered Nurses:

- a clinical risk management strategy and plan for immunisation services
- a policy and procedure(s) related to the provision of immunisations by Registered Nurses under a Secretary Approval
- a process for employment and ongoing clinical credentialing requirements for Registered Nurses practising under the Secretary Approval.

The employer guide provides information on how employers can meet these requirements and has resources to assist employers and employees to meet their obligations. In addition, the employer needs to consider the existing national and state immunisation policy and structures and legislation (including the requirements of a Poisons Control Plan where applicable that support this practice by Registered Nurses). The nurse immuniser information resources are available to view and download at: www.health.vic.gov.au/immunisation/nurse-immuniser-information.htm

Report vaccine dose numbers to ACIR correctly

The Australian Childhood Immunisation Register (ACIR) is receiving many encounter details with incorrect vaccine dose numbers.

Some providers report that the first dose of a particular vaccine they administer is dose one, regardless of existing immunisation history that shows that the child has received previous doses of a vaccine that contains the same antigens. For example, a provider is reporting the 12-month-old dose of Hiberix® as dose one even though the child has received three previous doses of Infanrix hexa®. The Hiberix® should be reported as the fourth dose. Similarly, providers are reporting Prevenar 13® supplementary dose as dose one, even though there are previous doses of Prevenar® recorded on the ACIR. The supplementary dose should be reported as dose four.

The dose number to use when submitting vaccination details to the ACIR must take into account any previous vaccines given, including those administered overseas that contain the same antigens. Therefore the dose number depends on how many of the same antigens the child has received previously, regardless of the vaccine brand name used.

Vaccination details that contain an incorrect dose number on the ACIR system, will delay the process of the data being correctly recorded on the child’s immunisation history. The delay will also hold up any notification payments for providers and may affect payments for parents.

Antigens found in childhood DTP vaccines

Infanrix hexa – six antigens
- Diphtheria
- Tetanus
- Pertussis
- Hepatitis B
- Haemophilus influenzae type b
- Poliomyelitis

Infanrix IPV – four antigens
- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis
National due and overdue rules for childhood immunisation

The Australian Childhood Immunisation Register (ACIR) produces the document National due and overdue rules for childhood immunisation. This document has been reviewed and rebranded. The document now also includes rules relating to where dose one of DTP has been given early (for example prior to two months of age).

The ACIR rules are available to help health professionals understand how the ACIR operates. The Australian Immunisation Handbook should always be used as a guide to decision making about immunisations.

Determining a child’s immunisation status

The National due and overdue rules for childhood immunisation is used by the ACIR to determine a child’s immunisation status. A child’s immunisation status is established at the antigen level in a process that calculates the specific diseases each child needs to be vaccinated against, as outlined in the National Immunisation Program schedule. This process identifies the child’s applicable vaccination schedule according to their date of birth, valid vaccinations recorded, and any records of medical contraindication or natural immunity.

Note: a child’s immunisation status is the result of information forwarded to, and processed by the ACIR. When the ACIR receives notification of a vaccination, the vaccine brand name or vaccine description is used to identify the antigen component/s of the vaccine.

The due and overdue concept

Each applicable antigen component of an individual age-based schedule is identified. A child’s immunisation status is assessed using the detailed rules against each antigen required for an age-based schedule. On the basis of immunisation information forwarded to the ACIR, an assessment is made to determine if a child is due, not due or overdue for immunisation at any given point in time. For example, a child is three months of age and the ACIR has received information that dose one of diphtheria, tetanus, pertussis, polio, pneumococcal, Hib, rotavirus and hepatitis B was given at two months of age. For the two month of age schedule, this child is assessed as ‘not due’ for immunisation. For the four month of age schedule, this child is identified as being ‘due’ for immunisation two months after the date of dose one, and overdue three months after the date of dose one. The rules are available at: www.medicareaustralia.gov.au/provider/pubs/program/acir.jsp#N10009

Further reading

East African immigrant children in Australia have poor immunisation coverage
Georgia A Paxton, James Rice, Gabrielle Davie, Jonathan R Carapetis and Susan A Skull

Paediatric East African immigrants in Victoria are very likely to be inadequately immunised and parent-reported vaccination status does not predict serological immunity. Full catch-up immunisation is recommended where immunisation status is unknown and written records are unavailable. Consideration should be given to policy and program development to provide timely and complete immunisation coverage in this group after arrival in Australia.


Contact

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To receive this document in an accessible format email immunisation@health.vic.gov.au
Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.
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