

### In this issue:

- \* Influenza vaccination
- \* Who should be vaccinated
- \* Influenza vaccination for over 65 years
- \* Influenza vaccination for pregnant women
- \* Influenza vaccinations for children age 6 months to under 5
- \* Influenza vaccination for Aboriginal and Torres Strait Islanders
- \* Influenza season summary 2018
- \* Data collection
- \* Coughs, colds, influenza and gastroenteritis are prevalent during the winter months
- \* When will flu vaccination start
- \* Recommended doses of influenza by age
- \* Adult Pneumococcal Vaccination Program
- \* Pneumovax 23® revaccination recommendations
- \* Further information on influenza
- \* GP Staff flu program 2019

### Contact us

Health Protection Service  
Immunisation Unit  
Phone: 5124 9800  
Fax: 5124 9307  
Email:  
[Immunisation@act.gov.au](mailto:Immunisation@act.gov.au)

Communicable Disease Control  
Phone: 51249 213  
Fax: 5124 8810  
Email:  
[cdc@act.gov.au](mailto:cdc@act.gov.au)

## Influenza Edition

*Before you administer an influenza vaccine check your patient's age and check that you have the correct vaccine. The packaging and syringe have the age groups written on them.*

### Influenza Vaccination

Influenza vaccine is recommended for everyone from the age of 6 months, with some groups eligible for free vaccine.

Influenza is highly contagious and spreads easily from person to person through the air and on the hands. Annual vaccination is the most effective way of reducing the spread of influenza. The influenza virus changes each year, and so does the vaccine formula.

Immunisation providers play an important role in promoting vaccination and should take every opportunity to identify and offer vaccination to eligible individuals, particularly people in at-risk groups.

To ensure your patients in at-risk groups are aware of the free seasonal influenza vaccine it may be necessary to recall them.

Getting the vaccine from late April provides protection in the peak influenza period from June to September.

Influenza vaccination can be administered throughout the year, whenever you have vaccines in your fridge until they expire. In particular, those in at-risk groups including pregnant women, people with chronic diseases and Aboriginal and Torres Strait Islander people under five years of age, can benefit from vaccination at any time of the year.

All influenza vaccinations administered should be recorded in the Australian Immunisation Register. For additional information visit the ACT Health Immunisation website

[www.health.act.gov.au/services/immunisation](http://www.health.act.gov.au/services/immunisation)

or contact the Immunisation Unit, Health Protection Service on 02 5124 9800.

## Who should be vaccinated

Influenza vaccine is provided free under the National Immunisation Program (NIP) and ACT Government funded program for:

- \* anyone over 65 years
- \* children aged 6 months to under 5 years
- \* all Aboriginal and Torres Strait Islanders over 6 months (note age group expansion in 2019 )
- \* pregnant women (during any stage of pregnancy)
- \* anyone over 6 months old with certain medical risk factors that increase the risk of influenza disease complications (including heart conditions, severe asthma and other lung conditions, diabetes, kidney problems or impaired immunity).

Medical risk factors
Cardiac disease
Chronic respiratory conditions
Chronic neurological conditions
Immunocompromising conditions
Diabetes and other metabolic disorders
Renal disease
Haematological disorders
Long-term aspirin therapy in children aged 6 months to 10 years

Influenza vaccine is recommended for anyone over the age of 6 months, however, only those in the groups listed above are eligible for government funded vaccine. Please note that some additional groups are strongly recommended to have the influenza vaccine due to an increased risk of exposure or the risk they pose to others: health care workers, workers at aged care facilities, and household contacts of high risk individuals.

Healthcare workers and those who work in aged care facilities are exposed to the influenza virus more than others in the community. For this reason, they are more at risk of exposure and also transmission of influenza. Even if they do not become unwell themselves, they may pass on influenza to vulnerable people. To reduce the spread of influenza in these settings, it is highly recommended that annual influenza vaccine is received.

Egg allergy is NOT a contraindication for influenza vaccine, see the Immunisation Handbook for further advice.

Any adverse events following immunisation are notifiable events and should be reported to Health Protection Service.

## **Influenza vaccination for people aged 65 years and older**

Anyone aged 65 years or older can receive free influenza vaccine under the NIP. People in this age group are known to have a weaker immune response to immunisation, and a high dose trivalent vaccine has been formulated to provide better protection for this age group.

Fluad® trivalent influenza vaccine will be available under the NIP in 2019 and is latex free. Available quadrivalent vaccines may also be used for people aged 65 and older if the trivalent dose is not available.

In 2019 some community pharmacists and Walk-in Centres will be able to give the NIP funded trivalent vaccine under a pilot program.

## **Influenza vaccination for pregnant women**

Pregnant women are at higher risk of severe complications and twice as likely to require hospitalisation as non-pregnant women with influenza infection. Influenza vaccine is available for all pregnant women through the NIP. Antenatal care providers are an important source of information regarding the benefits of vaccination.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) have recommended that influenza vaccination during pregnancy should be routine. Safety of the vaccine is well established and both maternal and infant benefit is proven. (RANZCOG, Influenza vaccination during pregnancy statement. 2011). No study to date has shown an adverse consequence of inactivated influenza vaccine in pregnant women or their offspring.

Vaccination early in the season, regardless of gestational age is optimal. Unvaccinated pregnant women should be immunised at any time during influenza season. Pertussis and Influenza vaccines can be given at the same visit.

Passive transfer of maternal antibodies across the placenta makes vaccination during pregnancy a highly effective measure to protect infants from influenza and pertussis during the first 6 months of life.

## **Free influenza vaccine for children under five years**

Funding will continue for the ACT Government funded Childhood Influenza Vaccination Program which commenced in 2018, for all children aged from six months to under five years. Children under age 9 require two doses at least 4 weeks apart the first year of vaccination with only one dose in following years.

Two quadrivalent vaccines will be provided in 2019 that protect against four different viruses: two influenza A and two Influenza B viruses.

Children aged 6 months to under 3 years: Fluquadri Junior® (0.25 mL pre filled syringe)

Children aged 3 years to under 5 years: Fluquadri® (0.5 mL pre filled syringe)

If influenza vaccine is given at the same time as pneumococcal vaccine, the risk of fever may increase.

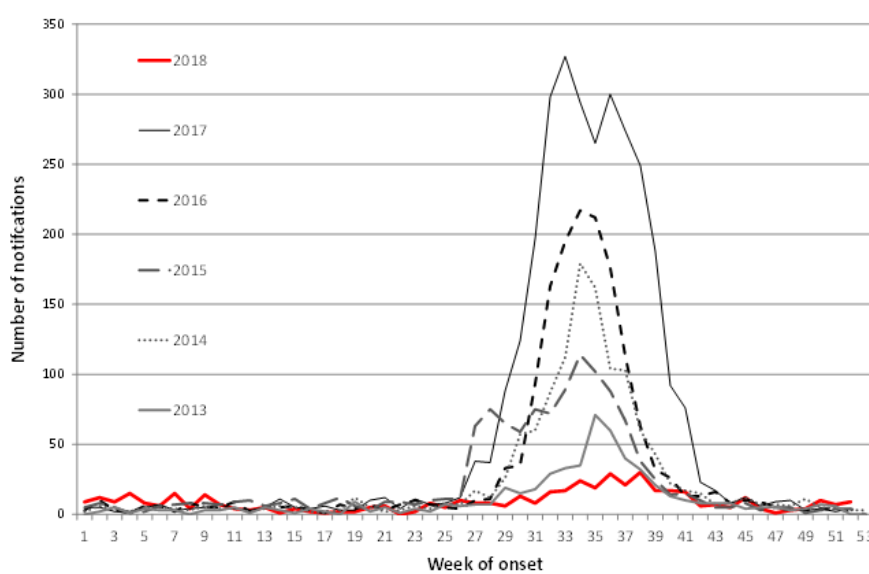
## Influenza vaccination for Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have an increased risk of severe influenza and its complications across all age groups compared with non Indigenous Australians. **Influenza vaccine is now free under the NIP for all Aboriginal and Torres Strait Islanders from 6 months of age.** This closes the previous eligibility gap of 5 and 14 years.

### 2018 influenza season summary

In the ACT, influenza activity was very low during the 2018 influenza season, and much lower than any influenza season in the previous five years. In 2018, there were a total of 476 notifications of influenza reported to ACT Health, compared to 3,098 during 2017 and 1,603 during 2016. The decline in influenza notifications in 2018 may be associated with increased influenza vaccination uptake in 2018, with good uptake of ACT funded influenza vaccines for children aged 6 months to 5 years, as well as good uptake of the high-dose or adjuvanted vaccines among those aged 65 years and older. Other factors, such as residual immunity from the very large and sustained influenza season in 2017, as well as a shift in circulating strains (from influenza A/H3 and influenza B in 2017, to influenza A/H1 in 2018) may have also influenced the size and impact of the 2018 season.

**Figure. Number of influenza notifications, by week and year of onset, 1 January 2012 to 31 December 2018, Australian Capital Territory.**



## Data collection

Data on vaccines administered is required to evaluate programs and ascertain coverage rates.

The Influenza & Pneumococcal Vaccine Record Form, Antenatal Pertussis Vaccination Data Collection Form and General Practice Staff Influenza Vaccination Program Data should be sent each fortnight to the Immunisation Unit (fax: 5124 9307 or email: [immunisation@act.gov.au](mailto:immunisation@act.gov.au)).

All vaccine doses must be electronically entered on the Australian Immunisation Register (AIR) to maintain accurate health records and vaccine coverage rates.

## Coughs, colds, influenza and gastroenteritis are prevalent during the winter months

These illnesses are spread easily from person to person and during winter we tend to spend more time indoors, having closer contact with one another.

However there are some simple steps you can take to reduce the likelihood of catching or spreading these illnesses.

- Cover your mouth and nose with a tissue when you cough or sneeze. Place dirty tissues in the bin.
- If tissues are not available, cough or sneeze into your inner elbow rather than your hand.
- Wash your hands regularly with soap and water or use an alcohol based hand sanitiser. It is also important to wash your hands before preparing food and eating.
- Keep a distance of at least one metre between yourself and other people if either of you is unwell.
- Stay away from work, school, childcare and other public places when you are unwell.
- Be immunised against influenza each year.

### Have a healthy winter

#### Winter goes hand in hand with illness



#### Coughs, colds, influenza and gastroenteritis are prevalent during the winter months.

These illnesses are spread easily from person to person and during winter we tend to spend more time indoors, having closer contact with one another. However there are some simple steps you can take to reduce the likelihood of catching or spreading these illnesses:

- Cover your mouth and nose with a tissue when you cough or sneeze. Place dirty tissues in the bin.
- If tissues are not available, cough or sneeze into the inner elbow rather than your hand.
- Wash your hands regularly with soap and water or use an alcohol based hand sanitiser. It is also important to wash your hands before preparing food and eating.
- Keep a distance of at least one metre between yourself and other people if either of you is unwell.
- Stay away from work, school, childcare and other public places when you are unwell.
- Be immunised against the influenza virus each year.

If you feel ill, it's important to see your GP or call healthdirect Australia on 1800 022 222 for advice. For more information go to [www.health.act.gov.au](http://www.health.act.gov.au)



## When will flu vaccinations start?

- \* The Vaccine Management Unit will deliver starting stock of flu vaccine and information resources in mid– late April. You can start immunising as soon as you have the stock in your fridge.
- \* Remember that influenza vaccine can be administered throughout the year, whenever you have stock in your fridge that has not yet expired.
- \* **All vaccines administered should be recorded in the Australian Immunisation Register.**

### Funded influenza vaccines by age (Age restrictions apply to all registered vaccine brands)

Vaccine	Quadrivalent				Trivalent (for age ≥65 on- ly)
	FluQuadri Junior <sup>1</sup> 0.25 mL (Sanofi)	Fluarix Tetra <sup>1</sup> 0.50 mL (GSK)	FluQuadri 0.50 mL (Sanofi)	Afluria Quad 0.50 mL (Seqirus)	Fluad 0.50 mL (Seqirus)
Age group					
<6 months	x	x	x	x	x
6 to 35 months (<3 years)	✓	✓	x	x	x
≥3 to <5 years	x	✓	✓	x	x
≥5 to 17 years	x	✓	✓	✓	x
≥18 years	x	✓	✓	✓	x
≥65 years	x	✓ <sup>1</sup>	✓ <sup>1</sup>	✓ <sup>1</sup>	✓

Note different doses for vaccines available for children 6 months to under 5 years

2. The QIVs are still available for people 65 years and older through the NIP, however experts recommend the specially formulated TIVs for this age group. Fluad® is not registered for use in people under the age of 65.

### Recommended doses of influenza vaccine by age

Age	Number of doses required in the first year of receiving influenza vaccine	Number of doses required if previously received any doses of influenza vaccine
6 months to <3 years	2	1
≥3 years to <9 years	2	1
≥9 years	1*	1

\*For persons with certain specific immunocompromising conditions, haematopoietic stem cell or solid organ transplant, please refer to the Australian Immunisation Handbook for further information on number of doses required.

### Influenza virus strains included in the 2019 southern hemisphere seasonal influenza vaccines:

- \* A (H1N1): an A/Michigan/45/2015 (H1N1)pdm09 like virus
- \* A (H3N2): an A/Switzerland/8060/2017 (H3N2) like virus
- \* B: a B/Colorado/06/2017 like virus (not included in the TIVs)



## Adult Pneumococcal Vaccination Program

Pneumovax23<sup>®</sup> vaccine is used to prevent life-threatening infections caused by pneumococcal bacteria. The vaccine is available free to anyone 65 years and older, Aboriginal and Torres Strait Islander people 50 years and older, and Aboriginal and Torres Strait Islander people over 15 years old with medical risk factors.

### Pneumovax 23<sup>®</sup> revaccination recommendations

A dose of Pneumovax23<sup>®</sup> should be given to adults at 65 years of age. Every effort should be made to provide a dose to anyone aged ≥65 years who has not previously received a dose. For non-Indigenous adults aged ≥65 years, a second dose (a single revaccination) of Pneumovax23<sup>®</sup>, to be given aged ≥5 years after the first dose, is recommended for those who have a condition that predisposes them to an increased risk of invasive pneumococcal disease (Refer to the *Australian Immunisation Handbook*)  
<https://immunisationhandbook.health.gov.au/>

A second dose is no longer recommended for those without any of these predisposing conditions.

Recommendations for the use of Pneumovax 23<sup>®</sup> in those < 65 years, including for Aboriginal and Torres Strait Islander adolescents and adults are available in the Immunisation Handbook  
<https://immunisationhandbook.health.gov.au/>

The minimum interval between any 2 doses of Pneumovax 23<sup>®</sup> is 5 years.

### Further information on Influenza vaccine

If you require further information call Health Protection Service on 5124 9800, visit the ACT Health Immunisation web page at <http://www.health.act.gov.au/our-services/immunisation> or the Immunise Australia site at <https://beta.health.gov.au/services/flu-influenza-immunisation-service>

<http://talkingaboutimmunisation.org.au/>

### GP Staff Flu Program 2019

Influenza vaccines for the GP staff influenza program have been delivered. If you have not yet returned the data sheet supplied with the vaccines please return as soon as possible.

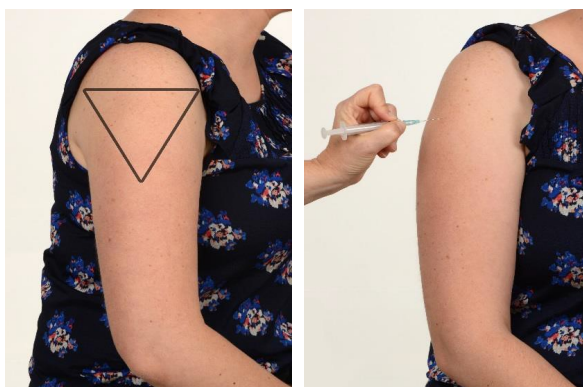
## Reminder Recommended vaccine administration techniques for adults



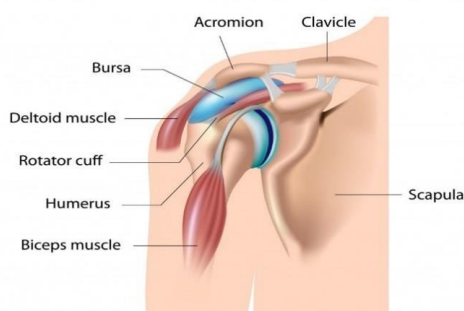
Injection technique: TOO HIGH



Injection technique: TOO LOW



Injection technique: CORRECT







## Recommended vaccine administration techniques: Are you on Target?

- As per the Australian Immunisation Handbook 4
- Children  $\geq 12$  months of age, adolescents and adults
- To locate the deltoid site for injection:
  - ✓ Expose the arm completely, from the top of the shoulder to the elbow; remove the shirt/clothing if needed.
  - ✓ Locate the shoulder tip (acromion) and the muscle insertion at the middle of the humerus (deltoid tuberosity).
  - ✓ Draw an imaginary inverted triangle below the shoulder tip, using the identified anatomical markers.
  - ✓ The deltoid site for injection is halfway between the acromion and the deltoid tuberosity, in the middle of the muscle (triangle).
  - ✓ More than 1 vaccine may be given into the deltoid muscle ensuring the deltoid mass is adequate and each vaccine is separated by 2.5cm.

## Take home messages

To avoid causing a shoulder injury related to vaccine administration:

- Ensure you can visualise the deltoid from the shoulder to the elbow
- Be familiar with the anatomical landmarks and surrounding structures
- Follow recommended immunisation administration techniques
- Aim for the middle of the deltoid
- Do NOT inject too high or too low

## References

1. Atanasoff S, Ryan T, Lightfoot R, Johan-Liang R. Shoulder injury related to vaccine administration (SIRVA). *Vaccine*. 2010 ;( 51):8049-8052.
2. Bodor M, Montalvo E. Vaccination-related shoulder dysfunction. *Vaccine*. 2007;25(4):585-587.
3. Cook IF. An evidence based protocol for the prevention of upper arm injury related to vaccine administration (UAIRVA). *Human Vaccines*. 2011; 7(8):845-848.
4. [The Australian Immunisation Handbook 10<sup>th</sup> Edition 2013:81-84](#)

For appropriate assessment , diagnosis and management report any suspected cases of SIRVA to HPS <http://www.health.act.gov.au/our-services/immunisation>

02 5124 9800