

Issue 2 – August 2019

Flu: It's not too late to vaccinate

Although the cold weather has hit, it's not too late to vaccinate. Influenza vaccine can be given at any time if the vaccine is in the fridge and within the expiry date.

The vaccine is recommended for anyone over the age of 6 months. It is free in the ACT for people who are at high risk of complications from influenza, including:

- children 6 months to under 5 years
- anyone over 65 years
- Aboriginal and Torres Strait Islander people 6 months and over
- pregnant women, and
- anyone aged 6 months and older with certain underlying medical conditions such as severe asthma, heart or lung conditions, diabetes and/or weakened immune systems.

Other groups that are recommended to have the influenza vaccine due to an increased risk of exposure or the risk they pose to others are:

- health care workers
- child care workers
- workers and volunteers at aged care facilities or long-term residential facilities, and
- carers or household contacts of high-risk individuals.

Influenza vaccination for pregnant women

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommends the influenza vaccine during pregnancy.

Pregnant women are more vulnerable to the influenza virus. They are more likely to be hospitalised with severe influenza complications, which can result in premature labour.

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Contact us

Health Protection Service Immunisation Unit

Phone: (02) 5124 9800

Fax: (02) 5124 9307

Email: immunisation@act.gov.au

Communicable Disease Control (CDC)

Phone: (02) 5124 9213

Fax: (02) 5124 9306

Email: cdc@act.gov.au



The influenza vaccine is safe and protects both mother and baby (RANZCOG, Influenza vaccination during pregnancy statement. 2011). No study to date has shown any adverse consequence of inactivated influenza vaccine in pregnant women or their offspring.

Passive transfer of maternal antibodies across the placenta makes vaccination during pregnancy an effective measure to protect infants from influenza during the first 6 months of life. This is important as babies under six months of age are more likely to be hospitalised by influenza.

Pregnant women can be immunised at any time of the pregnancy and at any time influenza vaccine is within the expiry date. Pertussis (whooping cough) and influenza vaccines can be given at the same visit.

Free influenza vaccine for children under five years

The ACT’s Childhood Influenza Vaccination Program, which started in 2018, offers free influenza vaccines to all children aged six months to under five years.



Immunising this age group against influenza protects the child and reduces the spread of influenza in the community.

The vaccines that are funded for this age group are:

- 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)

Children under 9 years of age who are getting the influenza vaccine for the first time need two doses at least 4 weeks apart. Children 9 years and older, and those who have had the influenza vaccination in previous years, only require one dose.

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



Influenza vaccination for Aboriginal and Torres Strait islander people



Under the National Immunisation Program (NIP), the influenza vaccine is free for all Aboriginal and Torres Strait Islander people aged 6 months and older.

This is because Aboriginal and Torres Strait Islander people across all age groups have an increased risk of severe influenza and related complications, compared with non-indigenous Australians.

Can a person with an egg allergy get the 2019 influenza vaccine?

Egg allergy is not a contraindication to receiving the 2019 influenza vaccine and people with egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines.

People with a history of anaphylaxis to egg can be vaccinated with a full vaccine dose in medical facilities with staff experienced in recognising and treating anaphylaxis. All staff performing vaccinations should be able to recognise and treat anaphylaxis.

For further information:

- [Australian Immunisation Handbook](#)
- [National Centre for Immunisation Research and Surveillance \(NCIRS\) - Influenza vaccines: Information for Immunisation providers & Frequently Asked Questions](#)
- [Australasian Society of Clinical Immunology and Allergy Guidelines - Vaccination of the egg-allergic individual.](#)

Data Collection

Immunisation providers are required to provide data to the ACT Health Immunisation Unit on Government funded vaccines administered. This helps with stock control, evaluate programs and ascertain coverage rates.

The Influenza & Pneumococcal Vaccine Record Form and General Practice Staff Influenza Vaccination Program Data should be completed and sent each fortnight to the Immunisation Unit:

Fax (02) 5124 9307

Email immunisation@act.gov.au

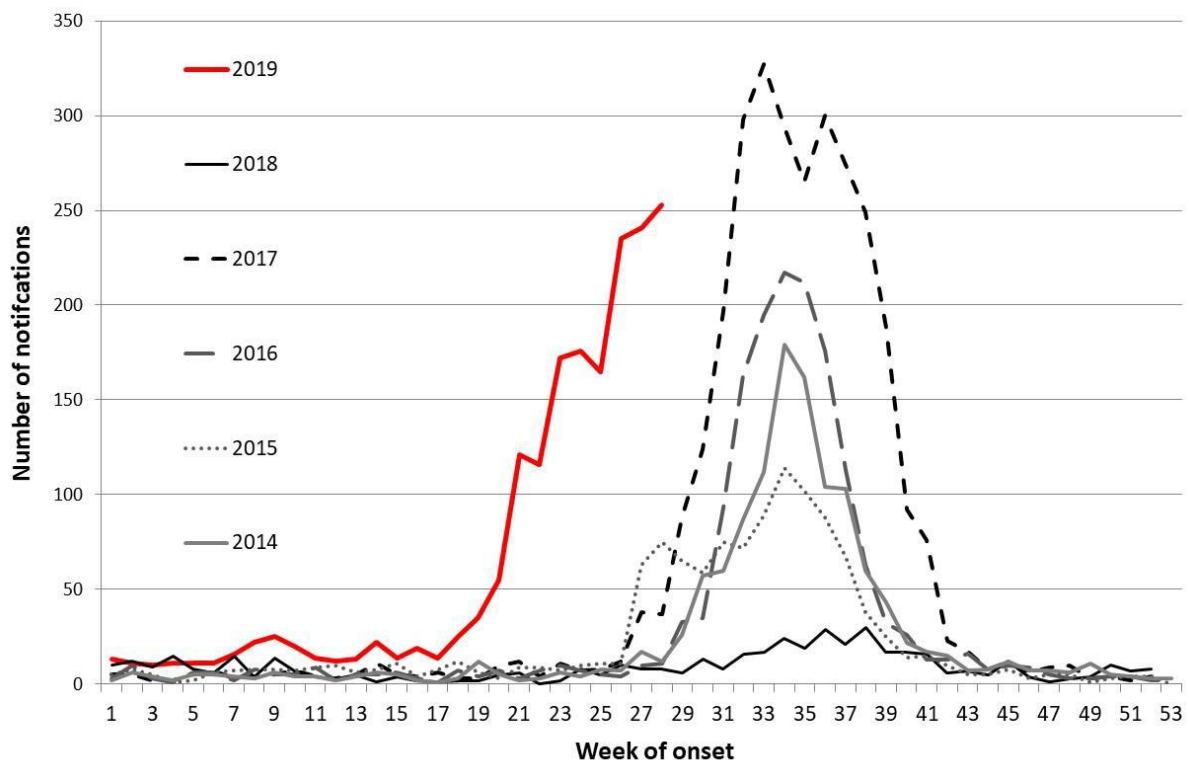
All vaccines administered (both Government funded and private) must also be electronically entered on the Australian Immunisation Register (AIR) to maintain accurate health records and vaccine coverage rates.



Early influenza season in 2019

The ACT's 2019 influenza season started earlier, compared to previous years (see figure). Although the 2019 influenza season began earlier, the activity observed in 2019 is consistent with activity seen in previous influenza seasons. This is also consistent with trends observed nationally.

Figure. Number of influenza notifications, by week and year of onset, 1 January 2014 to 14 July 2019*, ACT.



Notification data were exported on 16 July 2019 for the period 1 January 2014 to 14 July 2019, by onset date.
Source: Notifiable Diseases Database, ACT, Communicable Disease Control Section, ACT Health.

ACT Influenza Surveillance Reports are posted on the ACT Health website at <https://health.act.gov.au/about-our-health-system/population-health/winter-wellbeing-and-flu/flu-act>.

National influenza surveillance data can be found at <https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm#current>.

Measles: Stop the spots

There has recently been an increase in measles cases within Australia. This is largely linked to people returning or visiting from overseas countries where outbreaks are occurring.

Clinicians are asked to be vigilant for cases of measles and urgently notify suspected cases to CDC on 5124 9213 (or page 9962 4155 after hours).

Measles vaccination is the best way people can protect themselves and the broader community. The Measles, Mumps and Rubella vaccine (MMR) is free for anyone born after 1965 who has not previously received two measles-containing vaccines. The MMR-II or Priorix stock in your vaccine fridge may be used.

A measles vaccination catch-up guide for Australian immunisation providers has been developed by the [National Centre for Immunisation Research and Surveillance](#). A copy of the guide is attached to the back of this newsletter.

Measles vaccination is scheduled on the National Immunisation Program (NIP) for children at 12 months and 18 months of age.

Please consider measles susceptibility and vaccination for all patients planning any overseas travel. Babies aged between 6 and 12 months of age can receive an MMR vaccine ahead of travel to highly endemic areas and during outbreaks. Please note this dose is not funded and two scheduled doses (funded) will still be required at 12 and 18 months of age.

Measles: what to look for

Measles is a serious and highly contagious viral illness. It can be a severe disease with serious complications, which can sometimes lead to hospital treatment and/or cause death.

Measles first presents with a fever, tiredness/ malaise, cough, runny nose and conjunctivitis/ sore eyes.

Around 3–7 days after the onset of symptoms, a characteristic rash appears. It usually begins while the fever is still present. The rash is usually flat, red, blotchy and covered with small bumps. The rash usually starts on the face, head or neck then spreads down to the body and lasts for 4–7 days. Small white spots may occur on inside the mouth (Koplik spots).

It usually takes about 10 days for symptoms to develop, after coming into contact with measles. The rash usually appears around 14 days after exposure to measles, but the incubation period varies from 7 to 18 days.



Measles: how it's spread

Measles is usually spread when an infected person coughs or sneezes. It can also be spread by direct contact with respiratory secretions or with infected items, such as dirty tissues.

It is one of the most easily spread human infections, surviving for up to two hours in the air.

People with measles are usually infectious from just before the symptoms begin (about 4 days before the rash appears) until 4 days after the rash first appears.

Reporting requirements

- **Under the Public Health Act 1997, clinicians are legally required to notify the Communicable Disease Control section of ACT Health (CDC) immediately on clinical suspicion of measles.**
- If you have a patient who you suspect may have measles, it is important to isolate them immediately and urgently notify CDC:
Phone (02) 5124 9213 (business hours)
Pager (02) 9962 4155 (after hours / weekends / public holidays).
- CDC will provide advice on recommended laboratory tests and can facilitate urgent testing. Please contact CDC before you arrange any testing and while the patient is still with you, otherwise delays and additional costs to the patient may be incurred (Polymerase chain reaction (PCR) testing for measles does not attract a Medicare rebate).
- **Timely notification is vital.** Where there is a high clinical suspicion of measles, CDC will start contact tracing immediately. Exposed susceptible people can be offered post-exposure prophylaxis (PEP) to minimise their risk of developing the illness.

The window for PEP is very limited (MMR vaccine within 3 days of exposure; Normal Human Immunoglobulin within 6 days). **This can prevent further cases and further transmission.**



Pertussis (whooping cough) vaccination in pregnancy

The recommendation for pertussis vaccination in pregnant women has changed.

The vaccine is now recommended from 20 (previously 28) to 32 weeks gestation, but can be given anytime up to the birth of the baby.

Pertussis vaccination of pregnant women is an effective way to prevent pertussis disease in newborn babies. This occurs via the transfer of maternal antibodies in utero.

Meningococcal ACWY Vaccination

The Meningococcal ACWY vaccination program for high school students in Year 10 and catch-up program for those aged 16 to 19 years is continuing.

The vaccine for this program is Nimenrix® (a vaccine targeted at meningococcal serogroups A, C, W, Y).



General Practitioners can administer the vaccine to young adults aged 16-19 years, and any Year 10 students who did not receive it at school.

For further information, go to [ACT Health's adolescents immunisation web page](#).

Helpful immunisation web sites

www.ncirs.org.au/

www.ncirs.org.au/our-work/sharing-knowledge-about-immunisation

<https://beta.health.gov.au/health-topics/immunisation>

www.health.act.gov.au/services/immunisation



Reminders

Check MMRV vaccinations

Immunisation coverage rates suggest that some children have missed the measles, mumps, rubella, varicella (MMRV) vaccine, which is due at 18 months.

When administering immunisations to children four years old, please check the 18-month MMRV vaccine was given. If it has been missed, administer the vaccine with the vaccines due at 4 years, or as soon as possible.

Ordering vaccines for Government funded programs

- Orders must be received at least two days prior to scheduled vaccine delivery.
- Phone calls to immunisation providers reminding them to place orders for their scheduled delivery are no longer done. If no order is received, the Vaccine Management Unit (VMU) will still visit to undertake cold chain monitoring and inventory, but no vaccines will be delivered.
- Urgent deliveries may take up to a week.
- You can discuss any storage and ordering issues with the VMU on (02) 5124 9800.

Urgent delivery days

South ACT Mondays and Wednesdays

North ACT Tuesdays and Thursdays

Note: Urgent orders are sorted and delivered in the order they are received.

Refrigerator or power failure

All immunisation providers should have a back-up plan and an alternative option for vaccine storage in case there is refrigerator or power failure.

For information and advice on how to manage this situation, see the [current 'Strive for 5'](#) or call the Immunisation Unit on (02) 5124 9800.

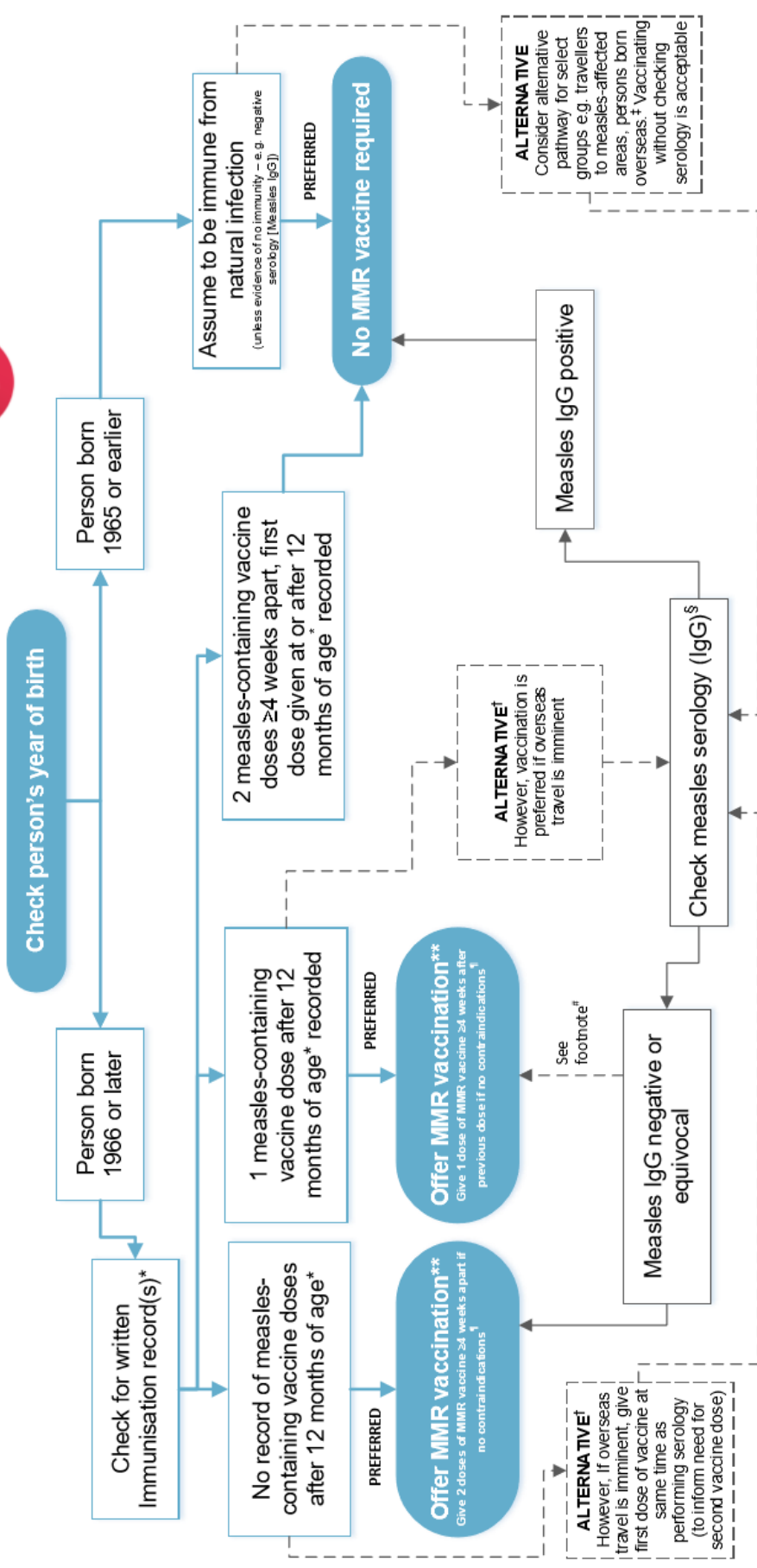
Remember: If you transport vaccines to another fridge, pack the data logger with them.

Additional vaccinations for babies and young children

In addition to the schedule of NIP funded vaccines, some babies and children require extra vaccines. This may be because they have a higher risk of getting a vaccine preventable disease and/or a higher risk of related complications.

For more information on these vaccines, go to the [Australian Government Immunisation Handbook \(https://immunisationhandbook.health.gov.au/contents\)](https://immunisationhandbook.health.gov.au/contents).

Measles vaccination catch-up guide for Australian immunisation providers



Footnotes:

[†] Documentation may include personal health record (e.g. baby book), patient handheld record, GP or hospital medical record, or the Australian Immunisation Register (AIR) (1986 onwards, also available at myGov). People born between 1966 and the mid-1990s have a greater likelihood of being under-vaccinated as a 2 dose recommendation was not introduced until November 1992. If past history of measles disease, but no documentation available, proceed as per 'no record' option.

[‡] Confirmation of protection in these individuals may be beneficial. Repeating MMR vaccination, even if immune to measles, mumps or rubella, is safe.

[§] Mumps and rubella serology is optional and can be considered, particularly in females of childbearing age, to ensure immunity to rubella.

[¶] Contraindications to MMR vaccination include immunocompromise, pregnancy or previous anaphylaxis to MMR vaccine or one of its components. Refer to the [Australian Immunisation Handbook](#) for details.

^{**} One vaccine dose may be appropriate in a person with a single previously documented dose or in a person with equivocal serology who is likely to have previously had a dose(s) but has no documentation of same.

^{§§} MMR vaccine is available from GPs and in some states directly from pharmacists.

^{††} Alternative pathway (i.e. check measles serology) may be considered if:

- 1) shortage of MMR vaccine.
- 2) high likelihood of previous infection and natural immunity (e.g. refugees or overseas-born).
- 3) high likelihood of having received all MMR vaccinations (e.g. individuals born in Australia from the mid-1990s onwards).
- 4) patient preference to avoid vaccination and they are likely immune.

Generally, it is preferable to immunise without performing serology to minimise missed opportunities to vaccinate. Repeating MMR vaccination, even if immune to measles, mumps or rubella is safe.