

Issue 3 – September 2019

## It's not too late to vaccinate against the flu

Although the weather is warming up, it's not too late to vaccinate. Influenza viruses are still circulating within the community. Influenza vaccine can be given at any time if the vaccine is in the fridge and within the expiry date (some vaccines expire as late as February 2020).

### Free influenza vaccine for children under five years

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

Remember **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.



### Evaluation of the ACT influenza vaccination program for children aged 6 months to under 5 years of age

The National Centre for Immunisation Research and Surveillance (NCIRS) have released the evaluation of the ACT influenza vaccination program for children aged 6 months to under 5 year of age. This report evaluated the implementation (process evaluation) and early impact (coverage, vaccine safety and disease burden) of the influenza vaccination program in 2018. This program resulted in substantially higher influenza vaccination coverage in both non-Aboriginal and Torres Strait Islander children and Aboriginal and Torres Strait Islander children (NIP funded) compared with 2017, although the increase in coverage was more marked in non-Aboriginal and Torres Strait Islander children. Overall, the 2018 coverage of receiving at least one dose of influenza vaccine was 43.4 per cent and 64.3 percent of those children went on to receive the second dose of the vaccine. To read the full report visit [ACT Health Immunisation](https://www.health.act.gov.au/sites/default/files/2019-07/ACT%20Childhood%20Influenza%20Vaccination%20Program%202018%20Evaluation%20report.pdf) webpage or visit <https://www.health.act.gov.au/sites/default/files/2019-07/ACT%20Childhood%20Influenza%20Vaccination%20Program%202018%20Evaluation%20report.pdf>

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### Contact us

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## Influenza vaccination for pregnant women

It is recommended pregnant women receive 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.

## Vaccinations for refugees and humanitarian entrants

There are a number of migrants, refugees, and humanitarian entrants arriving in Australia every year. These people may have had all, some or none of their vaccinations and often do not have documented evidence of their previous immunisations. It is therefore important to check their vaccination status as many new migrants and refugees to Australia will require a catch-up vaccination program in order to comply with the Australian National Immunisation Program (NIP) schedule.

Refugees and other humanitarian entrants are eligible for free catch-up vaccines through the NIP. Vaccination is a health care priority for refugees and regardless of age, all people should receive a catch-up schedule based on their vaccination history.

A Refugees and Humanitarian entrants' Vaccination Catch-up Guide for Australian immunisation providers can be found in the [Australian Immunisation Handbook](#). A copy of the guide is attached to the back of this newsletter.

Once an assessment of any existing vaccination records and other relevant clinical information is undertaken, develop a catch-up schedule. The objective of catch-up vaccination is to complete a course of age appropriate vaccination and provide optimal protection as quickly as possible, using minimum dosing intervals (see [Australian Immunisation Handbook](#)).

Assistance with creating a catch-up schedule:

- The nationally funded catch-up vaccines for children aged 10–19 years can be viewed at <https://www.health.gov.au/sites/default/files/free-catch-up-vaccines-for-10-to-19-year-olds-fact-sheet.pdf>
- The nationally funded catch-up vaccines for refugees and other humanitarian entrants aged 20 years and over can be viewed at <https://www.health.gov.au/resources/publications/free-catch-up-vaccines-for-refugees-and-humanitarian-entrants-aged-20-years-and-over-fact-sheet>
- A useful [Immunisation Calculator](#) for children has been developed by SA Health can be viewed at <https://immunisationcalculator.sahealth.sa.gov.au/ImmuCalculator.aspx>.

Remember to report all vaccines given and vaccinations documented before arriving in Australia to the Australian Immunisation Register (AIR).

For further information visit:

- ACT Health Immunisation Unit <https://www.health.act.gov.au/services/immunisation> or call 5124 9800
- Australian Refugee Health Practice Guide at <http://refugeehealthguide.org.au/immunisation/>
- Refugee Health Network of Australia at <http://www.refugeehealthaustralia.org/>

# Rabies Vaccination

The World Health Organization (WHO) has issued a medical product alert relating to three different falsified rabies vaccines (Verorab, Speeda, and Rabipur) and one falsified anti-rabies serum (Equirab) circulating in the Philippines, where a rabies vaccine shortage is ongoing. For patients who received any rabies vaccine or immunoglobulin in the Philippines from January 2016 please contact the Health Protection Service, Immunisation Unit on 5124 9800 for further advice.

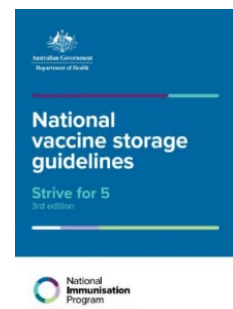
The rabies virus can cause fatal disease in humans and is spread by the saliva of infected animals through bites, scratches, or licks on broken skin. Animals with these diseases may appear sick or be unnaturally aggressive but this is not always the case.

Vaccination against rabies is recommended for anyone intending to travel to a country where rabies is known to be a risk.

For advice on rabies vaccination please contact the Health Protection Service, Immunisation Unit on 5124 9800 during business hours or on 02 9962 4155 after hours.

## New National Vaccine Storage Guidelines (Strive for 5 3<sup>rd</sup> edition)

The national vaccine storage guidelines has been updated. The new version can be found at [https://beta.health.gov.au/sites/default/files/national-vaccine-storage-guidelines-strive-for-5\\_0.pdf](https://beta.health.gov.au/sites/default/files/national-vaccine-storage-guidelines-strive-for-5_0.pdf). These guidelines provide information and advice on vaccine storage management for Australian immunisation service providers.



### Principles of safe vaccine storage management

- Store vaccines in a purpose-built vaccine refrigerator.
- Educate all people responsible for handling vaccines so that they understand the importance of effective vaccine management.
- Nominate a staff member to be responsible for vaccine management and a back-up staff member to take responsibility in their absence.
- Ensure that policies, procedures and protocols are in place for vaccine management in all facilities within the practice or organisation.
- Ensure that all people involved in vaccine transport, storage and administration are trained in vaccine management to ensure that the vaccines remain effective and potent.
- Perform vaccine storage self-audits at least every 12 months.
- Monitor the temperature of vaccine refrigerators twice daily, or more if required.
- Ensure that plans are in place for responses to cold chain breaches and power failures in all facilities within the practice or organisation.
- Follow the guidelines for using ice packs/gel packs and monitoring vaccines in coolers.

## What to do if a cold chain breach occurs.

1. Contact ACT Health, Health Protection Service, Immunisation Unit on 5124 9800 as soon as a cold chain breach is detected (during business hours).
2. Vaccines are NOT to be used until the breach can be fully assessed. If the refrigerator temperature is currently reading within acceptable ranges, vaccines may be kept in the fridge until assessed. Place a 'Do not use' sign on the fridge. If the fridge temperature is out of 2° to 8° range, transfer vaccines, with the provided datalogger, into another fridge or backup storage (e.g. esky) and label 'Do not use'.
3. The Immunisation Unit will attend as soon as possible to retrieve the datalogger so the breach can be assessed.
4. Do not discard any vaccine. The Immunisation Unit will advise on the required action once the breach has been assessed. Any vaccines that are required to be destroyed will be picked up by the Immunisation Unit.
5. In the case of a fridge failure or power outage, the fridge will need to be monitored for a minimum of 48 hours before vaccines can be stored in the fridge again.
6. Take steps to identify and correct the problem to prevent it from recurring.
7. Take the opportunity to review your vaccine management procedure.
8. For privately purchased vaccines, contact the manufacturer for advice.

Reference : [Australian Government Department of Health. \(2013\). National Vaccine Storage Guidelines 'Strive for 5', 3rd edition. Available from: https://beta.health.gov.au/sites/default/files/national-vaccine-storage-guidelines-strive-for-5\\_0.pdf](https://beta.health.gov.au/sites/default/files/national-vaccine-storage-guidelines-strive-for-5_3rd-edition.pdf)

## Zoster vaccine resources

Administration of Zostavax® (zoster vaccine) in individuals who are immunocompromised is contraindicated due to the risk of the vaccine causing disseminated disease. Prior to immunisation, and in conjunction with the [pre-immunisation checklist](#), the [Zostavax® GP Decision Aid](#) should be completed to ensure patient safety. For further information on Zostavax®, please refer to the links below:

- [National Centre for Immunisation Research and Surveillance at www.ncirs.org.au/sites/default/files/2018-12/zoster-vaccine-fact-sheet.pdf](http://www.ncirs.org.au/sites/default/files/2018-12/zoster-vaccine-fact-sheet.pdf)  
<http://www.ncirs.org.au/sites/default/files/2018-12/Zoster%20vaccines-FAQ-April%202018.pdf>
- [Australian Immunisation Handbook at https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster](https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster)

## Injection site reactions

The National Centre for Immunisation Research and Surveillance (NCIRS) has just released a new fact sheet on injection site reactions. Injection site reactions are the most common adverse events following immunisation. These include pain, itching, swelling or redness around the site of injection. These reactions are usually mild and last for 1–2 days.

Rarely, injection site reactions can be quite large and may extend from joint to joint (e.g. shoulder to elbow) or may cross a joint. Large local reactions can be confused with bacterial cellulitis and antibiotics may be unnecessarily prescribed.

### Large injection site reaction versus cellulitis post vaccination

Large injection site reaction	Cellulitis
Tenderness for the first few hours after vaccination which subsides as erythema increases in size.	Tenderness increases as erythema increases. Once the erythema enlarges to extend joint to joint the limb is exquisitely tender.
Not associated with systemic toxicity. May have a mild fever in the first 24 hours which settles.	Usually accompanied with high-grade or persistent fever, malaise, lethargy.
Regional lymphadenopathy may occur and is usually non tender.	May be associated with lymphangitis (tracking of erythema along the lymph vessel) or tender or non-tender regional lymphadenopathy.
Decreased range of limb movement is uncommon.	Decreased range of limb movement is common.

For further information visit National Centre for Immunisation Research and Surveillance (NCIRS) at [http://ncirs.org.au/sites/default/files/2019-07/NCIRS%20Information%20sheet%20-%20Injection%20site%20reactions\\_July%202019.pdf](http://ncirs.org.au/sites/default/files/2019-07/NCIRS%20Information%20sheet%20-%20Injection%20site%20reactions_July%202019.pdf) and for reporting of adverse reactions following immunisation, contact ACT Health Immunisation unit on (02) 5124 9800.

## Reminders

### MMR vaccine free for adults

Measles cases worldwide have increased in recent years with a number of countries currently experiencing severe and prolonged measles outbreaks. Anyone who is not fully vaccinated against measles is at risk of becoming infected when they are traveling overseas. Vaccination is the best way people can protect themselves and the broader community from measles. Measles vaccination is scheduled on the National Immunisation Program (NIP) at 12 and 18 months of age. The Measles, Mumps and Rubella vaccine (MMR) is also government funded 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](http://ncirs.org.au/sites/default/files/2019-06/NCIRS%20Measles%20vaccination%20catch-up%20guide%20for%20immunisation%20providers13062019.pdf) and can be found at <http://ncirs.org.au/sites/default/files/2019-06/NCIRS%20Measles%20vaccination%20catch-up%20guide%20for%20immunisation%20providers13062019.pdf>.

## 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®. This vaccine protects against meningococcal serogroups A, C, W and Y (MenACWY).



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](#).

## 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](#).

## Ordering vaccines for Government funded programs

The process for ordering vaccines is below.

- Orders must be received at least two days prior to scheduled delivery.
- The Vaccine Management Unit no longer make phone calls to immunisation providers reminding them to place orders for scheduled vaccine deliveries. In the event an order is not received from a practice for the scheduled delivery, the Vaccine Management Unit will visit to undertake cold chain monitoring and inventory, but no vaccines will be delivered.
- Urgent deliveries may take up to a week from when the order is placed.
- You can discuss any storage and ordering issues with the Vaccine Management Unit on (02) 5124 9800.

### Urgent delivery days

**South ACT** Monday and Wednesday

**North ACT** Tuesday and Thursday

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



## Vaccination for migrants, refugees and people seeking asylum

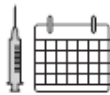
Vaccination is a priority for all migrants, refugees and people seeking asylum after arriving in Australia. All age groups should receive catch-up vaccination.

### 1 Check vaccination history



- ▶ Check if the person has documentation of their vaccination history.
- ▶ Check all possible sources of vaccination records, in case the person has visited more than 1 vaccination provider.
- ▶ For recently arrived people, check the [WHO vaccine-preventable diseases monitoring system](#) to help understand vaccination schedules in other countries. Do not assume the person has received all of these vaccines.

### 2 Start catch-up vaccination



- ▶ Offer serological testing to:
  - people from hepatitis B–endemic countries to detect current or past infection
  - women of child-bearing age to identify those who are seronegative for rubella and need vaccination.
- ▶ Consider that some people may have received a live vaccine – such as yellow fever – as part of their departure screening. Wait at least 4 weeks before giving another live vaccine.



#### People with documentation of vaccination

- ▶ Plan a catch-up schedule. Consider:
  - any previous doses the person received
  - that some doses may be invalid – for example, if the interval between doses was too short
  - age
  - other risk factors



#### People without documentation of vaccination

- ▶ Start a catch-up schedule, according to age

### 3 Record and report vaccination



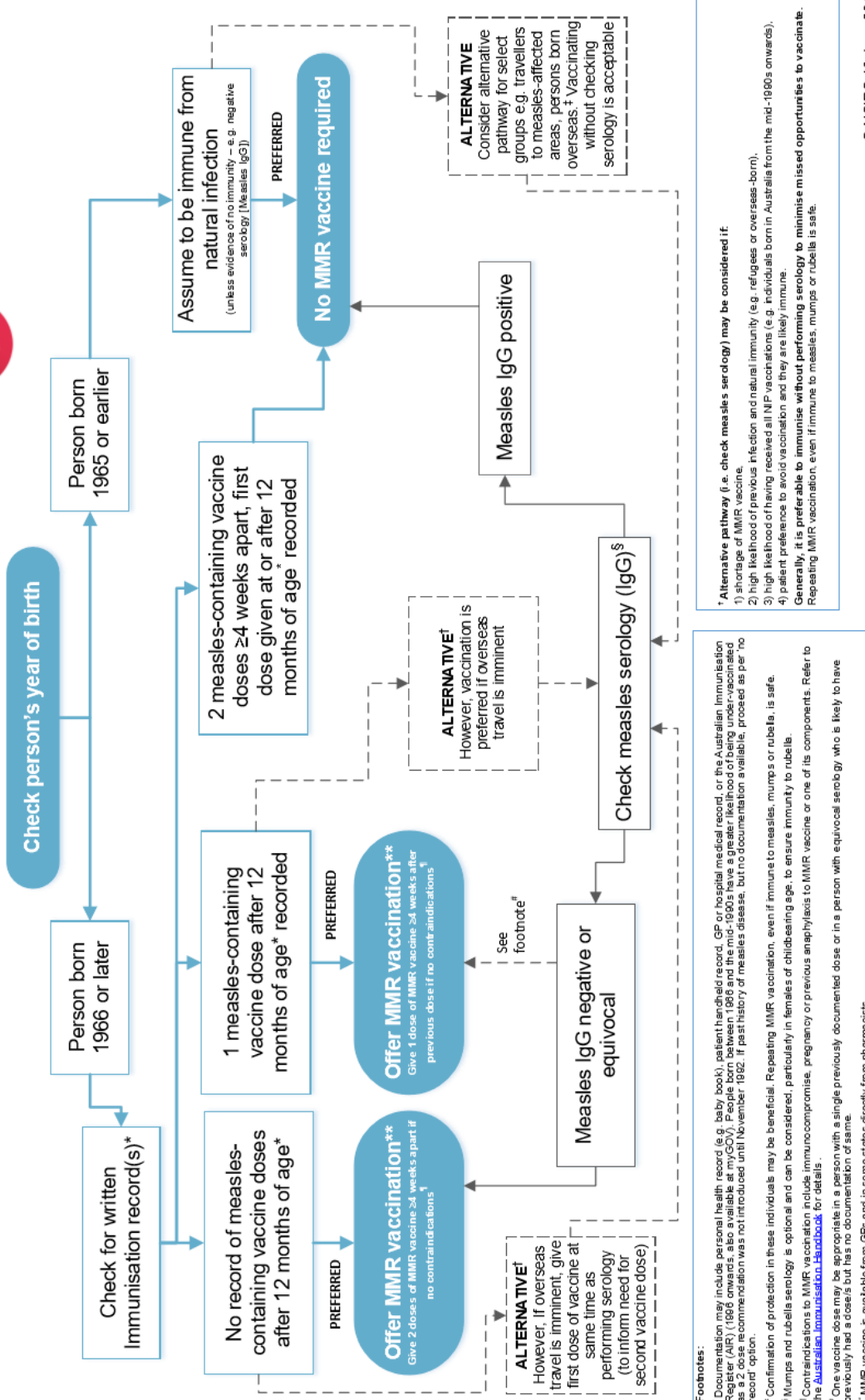
- ▶ Report any vaccines that a person receives, and has previously received, to the Australian Immunisation Register.
- ▶ Provide people with a written record of **all** the vaccines they have received.

See the [Australian Immunisation Handbook](#) for more details.

<https://immunisationhandbook.govcms.gov.au/resources/publications/vaccination-for-migrants-refugees-and-people-seeking-asylum>



## Measles vaccination catch-up guide for Australian immunisation providers



\* 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-1980s 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.

**Footnotes:**

<sup>1</sup> Documentation may include personal health record (e.g. baby book), patient household record, GP or hospital medical record, or the Australian Immunisation Register (AIR) (1986 onwards, also available at myGov). People born between 1989 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.

<sup>2</sup> Confirmation of protection in these individuals may be beneficial. Repeating MMR vaccination, even if immune to measles, mumps or rubella, is safe.

<sup>3</sup> Mumps and rubella serology is optional and can be considered, particularly in females of childbearing age, to ensure immunity to rubella.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> MMR vaccine is available from GPs and in some states directly from pharmacists.

Reference: <http://ncirs.org.au/sites/default/files/2019-06/NCIRS%20Measles%20vaccination%20catch-up%20guide%20for%20immunisation%20providers13062019.pdf>