

Issue 4 – November 2019



School Health Team Immunisation program

Throughout the year the School Health Team has been busy delivering the National Immunisation Program (NIP) for students in Year 7 and Year 10 at ACT schools. Vaccines administered include diphtheria, tetanus, pertussis (dTpa) and Human Papillomavirus (HPV) (Year 7) and Meningococcal ACWY (Year 10).

School vaccination catch-up 2019

Adolescents in year 7 and 10 who missed receiving the vaccines during the school clinics can be given a free catch up dose (GPs may charge a consultation fee). dTPa (Year 7) and Meningococcal ACWY (Year 10) can

be given at any time after the missed dose. Catch up HPV vaccines for students in Year 7 who missed a dose at school are available from 1 December 2019.



On completion of the 2019 school vaccination program, letters are sent to parents of adolescents who missed any vaccines during the year. Parents are asked to provide the letter to their GP for the correct vaccine and dose number to be ordered for the child. If the letter is not available, the vaccine can still be administered after checking the student's immunisation status on the Australian Immunisation Register (AIR) to confirm the missed vaccine dose.

If consent was not given to vaccination through the school's program, the student will not receive a letter. These children are still eligible for government funded HPV, dTpa and MenACWY vaccine according to the catch-up information and timeframes below.

Young people up to their 20th birthday are eligible to receive a government funded dose of dTpa, HPV and MenACWY vaccine through their GP as part of the catch-up program.



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Disease	Vaccine	Dosage	Year 7	Year 10
Human Papillomavirus (HPV)	Gardasil 9	2 doses, with a 6-12-month interval between doses.	✓	
Diphtheria, Tetanus, Pertussis (dTpa)	Boostrix	1 dose to cover three diseases	✓	
Meningococcal ACWY	Nimenrix	1 dose		✓

It's not too late to vaccinate against flu

Influenza vaccine is provided free for:

- Children aged 6 months to under 5 years
- Anyone aged 65 years and over
- All Aboriginal and Torres Strait Islander people aged 6 months and over
- Pregnant women
- Anyone aged 6 months and over with certain medical risk factors including: heart disease, severe asthma (requiring frequent medical consultations or use of multiple medications), chronic lung conditions, diseases of the nervous system which affect breathing, impaired immunity, diabetes, kidney disease, haemoglobinopathies, and children aged six months to 10 years on long-term aspirin therapy.



The influenza vaccine can be given until the expiry date listed on the vaccines (some until February 2020) and deliveries of the vaccine will continue until this time. The Immunisation Unit have enough supplies for those eligible to receive government funded influenza vaccines.

Influenza vaccination for pregnant women

It is recommended pregnant women receive the influenza vaccine during pregnancy. The influenza vaccine is free for pregnant women as part of the National Immunisation Program (NIP).

Pregnant women are more vulnerable to the influenza virus, and are more likely to be hospitalised with severe influenza-related complications, which can result in premature labour. Babies under 6 months are at high risk of serious complications if they catch the virus. Immunisation not only protects the pregnant woman but also the baby. When a pregnant woman is vaccinated, antibodies transfer through the placenta to the developing baby. These antibodies protect the baby for the first months of his or her life until they are old enough to be vaccinated at 6 months of age.

The influenza vaccine is recommended during every pregnancy and at any stage of pregnancy. Influenza vaccines can continue to be used until the expiry date.

New presentation of priorix and priorix-tetra

GSK Australia has advised that over the next 6 months it will be transitioning its Priorix and Priorix-Tetra vaccine syringes from Ceramic Coated Tip (CCT) to Luer Lock Plastic Rigid Tip Caps (PRTC).

The Luer Lock adapter is fixed on the end of the syringe, with the PRTC screwed into this. Instructions on how to use this system are in the Product Information for each vaccine and can be found at the below website

<https://au.gsk.com/en-au/products/our-prescription-medicines-and-vaccines>.

Rabies and Australian Bat Lyssavirus

Rabies virus and the Australian Bat Lyssavirus (ABLV) are in the same virus family and can cause fatal disease in humans. All Australian bats have the potential to carry ABLV. As summer approaches more bats visit our backyards and many people travel overseas. This means there is a higher risk of coming into contact with animals that carry this deadly virus. Rabies virus and ABLV are 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 virus is recommended for anyone who regularly handles or cares for bats or anyone intending to travel to rabies-zoonotic regions. Advice on rabies-zoonotic countries can be found at: <https://www.gov.uk/government/publications/rabies-risks-by-country/rabies-risks-in-terrestrial-animals-by-country>.

If bitten, scratched or licked by a bat in Australia or an animal in a country where rabies virus is endemic, it is important to wash the wound or area thoroughly with soap and water for about five minutes. If available, an antiseptic or alcohol solution should be applied after washing. If saliva from an animal went into the eyes, nose or mouth they should be flushed well with water. Medical attention should be sought as soon as possible, even if the person has been previously vaccinated.

Post exposure prophylaxis (PEP) will depend on the extent of the exposure, the animal source, the person's immune system and their vaccination history. A post-exposure course of rabies vaccine and a one-off dose of rabies immunoglobulin (RIG) may be recommended to prevent infection.



For advice on ABLV or rabies virus visit:

<https://www.health.act.gov.au/about-our-health-system/population-health/fact-sheets>

To enquire about accessing PEP please contact the Health Protection Service, Immunisation Unit on 5124 9800 or the Communicable Disease Control on Call Officer after hours on 9962 4155

Rabies vaccination medical product alert

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.



CHRISTMAS CLOSURE



We wish to advise that routine vaccine deliveries will cease on Thursday 19 December 2019 and resume Monday 6 January 2020.

Urgent orders only will be available on 23 December 2019 and 2 and 3 January 2020.

The office will be closed from 25 December 2019 to 1 January 2020.

Practices are reminded to order only what is required until the next scheduled delivery, especially through the Christmas period. Storing excess vaccine stock in fridges can increase the risk of wastage due to:

- Exposure to extremes of temperature, which reduces their potency; or
- Expiry.

As we approach the summer months, please remember the importance of monitoring and charting fridge temperatures twice daily.

Please call the Vaccine Management Unit on 5124 9800 if you record any temperatures outside of 2-8 degrees.

The staff of the Immunisation Unit would like to wish all doctors, nurses and practice staff a Merry Christmas and Happy New Year and to thank you for your ongoing support of immunisation throughout 2019. Early indications show that together we have achieved positive vaccination coverage across the ACT. We look forward to continuing working together in the new year.

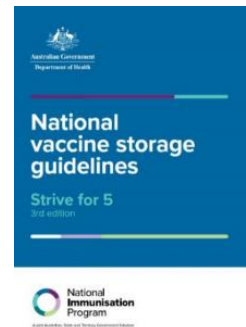
Merry Christmas and Happy New Year from the Immunisation Unit

Immunisation Manager Carolyn Banks	VMU Coordinator/Database Administrator Sarah Mead
Immunisation Coordinator Jodie Huet	Team Leader Deb Gray
Public Health Nurse Fiona Steele	Vaccine Delivery and Data Entry Fotis Sgouros
Immunisation Projects/Program Coordinator Kirstie Allard	Vaccine Delivery and Data Entry Raleigh Evans
Immunisation Program Support Officer Pauline Bailey	Vaccine Delivery and Data Entry James Stennett Riedel
	Vaccine Delivery and Data Entry Mitchell Beissner

Reminders

New National Vaccine Storage Guidelines (Strive for 5 3rd edition)

The national vaccine storage guidelines (Strive for 5, 3rd edition) 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. These guidelines provide information and advice on vaccine storage management for Australian immunisation service providers.



MMR Vaccine free for adults

The Measles, Mumps and Rubella vaccine (MMR) is 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 \(NCIRS\)](#).

Additional vaccinations for at risk 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. At the 4-year vaccination schedule point, please check that all previous scheduled and any required additional vaccines have been given. For more information on these vaccines, go to the [Australian Government Immunisation Handbook](#).

Vaccinations for refugees and humanitarian entrants

Refugees and other humanitarian entrants are eligible for free catch-up vaccines through the National Immunisation Program (NIP). Vaccination is a health care priority for refugees. Regardless of age, all people should receive a catch-up schedule based on their vaccination history in order to comply with the Australian National Immunisation Program (NIP) schedule.

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.



Vaccination for migrants, refugees and people seeking asylum

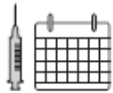
Vaccination is a priority for all migrants, refugees and people seeking asylum after arriving in Australia. All age groups should receive catch-up vaccination.

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>