

National Immunisation Program (NIP) changes- 1 July 2020

From 1 July 2020, several changes to the vaccines funded under the National Immunisation Program (NIP) will be introduced for eligible populations. The changes relate to vaccination against Meningococcal, Pneumococcal and *Haemophilus Influenzae* type b (Hib).

Aboriginal and Torres Strait Islander children <2 years of age – Meningococcal B

- All Aboriginal and Torres Strait Islander infants will be eligible to receive Meningococcal B vaccine (Bexsero®) at 2, 4 and 12 months of age¹.
- Aboriginal and Torres Strait Islander infants with certain medical risk conditions require one extra dose of Bexsero® at 6 months of age.
- Three-year catch-up program for Aboriginal and Torres Strait Islander children <2 years of age until 30 June 2023.

Pneumococcal vaccine for older adults

All adults aged ≥70 years

- Pneumococcal vaccine for all adults aged ≥70 years (increase from 65 years).
- One dose of 13vPCV (Prevenar 13®) (change from Pneumovax 23®).
- A person who has received a previous dose of 23vPPV (Pneumovax 23®) should **not** be given 13vPCV (Prevenar 13®) for a minimum 12 months.

Aboriginal and Torres Strait Islander adults aged ≥50 years

- All Aboriginal and Torres Strait Islander adults aged ≥50 years.
- One dose of 13vPCV at 50 years of age followed by 2 doses of 23vPPV.
- For people who have previously received 23vPPV, refer to the Australian Immunisation Handbook for dosage requirements.

People with certain risk conditions

Functional or anatomical asplenia

- People with functional or anatomical asplenia are now eligible for funded vaccines to protect against Meningococcal B (Bexsero®), Meningococcal ACWY (Nimenrix®), Pneumococcal (Prevenar 13® and Pneumovax 23®) and *Haemophilus influenzae* type B (Hib) (ActHIB®).
- Refer to the Australian Immunisation Handbook for age recommendations and dosage requirements.

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¹ Prophylactic use of paracetamol is recommended within 30 minutes prior to every dose of Bexsero® administered to children <2 years of age.

Other risk conditions

Due to the complexities of the changes in relation to people with certain risk conditions, it is important to refer to the Australian Technical Advisory Group on Immunisation (ATAGI) advice on changes to the vaccine recommendations and funding for people with risk conditions and the [Australian Immunisation Handbook \(online\)](#) for recommendations and dosage requirements.

Any adverse events following the administration of these vaccines should be reported to the Immunisation Unit, Health Protection Service on 51249800.

Further information on these changes can be found at <http://www.immunise.health.gov.au/>

Aboriginal and Torres Strait Islander identification

Quick Facts:

In Australian between 2011-2015

- Notification rates for *Haemophilus influenzae* type b (Hib) were 10 times higher for Aboriginal and Torres Strait Islander people.
- Rates of Meningococcal B disease were 7 times higher in Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people are eligible for a number of extra funded vaccines on the NIP.

Why is it important to encourage patients to identify Indigenous status?

Aboriginal and Torres Strait Islander people have a different recommended immunisation schedule than non-Indigenous people.

Identifying Indigenous status enables healthcare workers to offer the recommended vaccines to eligible patients.

What is the role of general practice in recording Indigenous status?

It is important to ask and record if a person identifies as Aboriginal and/or Torres Strait Islander.

A person's response to a question regarding their Aboriginal and Torres Strait Islander identification is the only requirement for recording Indigenous status and for providing access to Indigenous-specific health interventions and services—no further evidence is needed.

Choosing to disclose Aboriginal and Torres Strait Islander identification is **voluntary**. Some people may or may not be prepared to disclose their Indigenous status depending on the situation; others may be discovering or acknowledging their Aboriginal and Torres Strait Islander identification for the first time.

- ❖ Be mindful that identification question should be asked respectfully and in private;
- ❖ give a full explanation of how the information is to be used; and
- ❖ highlight the benefits of identifying as Aboriginal and Torres Strait Islander.

Three main themes have been seen to contribute to under identification ([Schütze et al 2017](#)):

- ❖ Suboptimal practice systems to identify and/or record patients' Indigenous status;
- ❖ a lack of practitioner/staff understanding of the need to identify Indigenous status;
- ❖ practice environments that do not promote Indigenous status identification.

Remember to update the Australian Immunisation Register (AIR) to record Aboriginal and Torres Strait Islander identification.

Influenza vaccination

Recommendation: One dose of seasonal influenza vaccine

The Australian Technical Advisory Group on Immunisation (ATAGI) Clinical advice on the administration of seasonal influenza in 2020 recommends annual vaccination before the onset of each influenza season.

Revaccination later in the same year is not routinely recommended, but may benefit some individuals due to personal circumstances, such as travel or pregnancy.

The influenza vaccine won't provide protection against COVID-19, however it is extremely important to encourage patients to receive the influenza vaccine to reduce the chance of contracting both infections simultaneously.

With social isolation restrictions easing we may start to see a rise in notifications of influenza within our community. The best protection against influenza is vaccination.

This year we have seen an increased demand for National Immunisation Program (NIP) funded vaccines, particularly for older people, with enough vaccines distributed to immunise over 100% of the 65 and over population in the ACT. Thank you for your continued support and promotion of the influenza vaccination program in the ACT.

It is recommended all people aged 6 months and over receive the influenza vaccine every year, and we encourage you to continue promoting influenza vaccination, particularly for the NIP funded priority groups:

- children 6 months to under 5 years.
- pregnant women (at any stage of pregnancy).
- Aboriginal and Torres Strait Islander people aged 6 months and over.
- Adults 65 years and over.
- people with certain health conditions associated with an increased risk of influenza disease complications (visit [Australian Immunisation Handbook \(online\)](#)).



The Australian Immunisation Handbook app is here

The Australian Immunisation Handbook is now available as a mobile application, allowing providers easy access to the handbook content with or without internet access.

The Handbook can be downloaded from either:

- Apple App Store or
- Google Play Store

You will need either an Apple or Google account to access these app stores.



School Immunisation Program

With the return of students to ACT high schools and colleges, the Schools Immunisation Program has recommenced. The Schools Health Team visits all ACT secondary schools to vaccinate students in Year 7 (dTpa and HPV) and Year 10 (MenACWY). The Schools Health Team is working with schools to reschedule immunisation clinics to ensure all eligible students are offered their vaccinations.

Childhood Immunisation Program

It is important to maintain high vaccination coverage to prevent outbreaks of vaccine preventable diseases in the community. It is essential that infant and early childhood immunisation continues in accordance with the National Immunisation Program (NIP) vaccine schedule.

The COVID-19 pandemic may cause hesitancy for some parents to present their child to a surgery or clinic for vaccination. Please assist in promoting the importance of on time vaccination to parents and carers.



Reminders

Guiding principles for maintaining immunisation services during COVID-19 pandemic

Australian Technical Advisory Group on Immunisation (ATAGI) have released 7 guiding principles for immunisation providers to assist with the [maintenance of immunisation services through the COVID-19 pandemic](#).

In summary the guiding principles are:

1. infection prevention and control measures, including physical distancing, policies and guidelines, administrative process, systems to identify people with COVID-19 and environmental measures like signs.
2. Maintaining a safe post vaccination observation period.
3. Continue routine immunisation schedules.
4. If the immunisation provider cannot meet routine vaccination services explore alternative models of service delivery and prioritise population groups.
5. Encourage immunisation uptake through opportunistic vaccination.
6. Maintain essential core principles of immunisation services like vaccine storage and cold chain management.
7. Implement strategies to follow up patients who have delayed their vaccination due to the pandemic.

For further information visit <https://www.health.gov.au/resources/publications>

References: Australian Institute of Health and Welfare. 2013 Taking the next steps: identification of Aboriginal and Torres Strait Islander status in general practice <http://www.aihw.gov.au/publication-detail/?id=60129543899&tab=2> (Accessed April 2017) Australian Indigenous HealthInfoNet (2016) Summary of Aboriginal and Torres Strait Islander health, 2015. Retrieved [28April17] from <http://www.healthinfonet.ecu.edu.au/health-facts/summary>. Incomplete Recording of Indigenous Identification Status Under-Estimates the Prevalence of Indigenous Population Attending Australian General Practices: A Cross Sectional Study, <https://pubmed.ncbi.nlm.nih.gov/31412854/>. What Factors Contribute to the Continued Low Rates of Indigenous Status Identification in Urban General Practice? - A Mixed-Methods Multiple Site Case Study, <https://pubmed.ncbi.nlm.nih.gov/28143604/>. Cultural respect framework 2016-2026 for Aboriginal and Torres Strait Islander Health <https://www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-crf>. Communicable disease intelligence, N[https://www1.health.gov.au/internet/main/publishing.nsf/Content/75F30COD2C126CAECA2583940015EDE3/\\$File/vaccine_preventable_diseases_and_vaccination_coverage_in_aboriginal_and_torres_strait_islander_people_australia_2011_2015.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/75F30COD2C126CAECA2583940015EDE3/$File/vaccine_preventable_diseases_and_vaccination_coverage_in_aboriginal_and_torres_strait_islander_people_australia_2011_2015.pdf)