

## ISSUE 2, March 2018

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### 9 Valent HPV vaccine

From 2018, boys and girls in Year 7 will be offered the 9-valent HPV vaccine (Gardasil®9) in a 2-dose schedule through school based programs. The Gardasil®9 vaccine will also be distributed to GPs for adolescents who missed dose/s through the school immunisation program.

Gardasil®9 replaces the 4-valent HPV vaccine (Gardasil®). Gardasil®9 includes the HPV types covered by Gardasil® (6, 11, 16 and 18) plus an additional five oncogenic HPV types (31, 33, 45, 52 and 58). Among Australian women, these five HPV types cause an additional 15% of all cervical cancers, above those due to HPV 16 and 18. Moving to a HPV vaccine that covers extra oncogenic HPV types in a schedule with one less dose is anticipated to improve HPV vaccination coverage and disease prevention.

Gardasil®9 vaccination consists of 2 doses administered at least 6 months apart. While the vaccine is funded as a catch up for adolescents up to 19 years of age it is important to ensure timely commencement and completion of the schedule, and preferably before sexual debut, to maximise protection.

Some immunocompromised adolescents require three doses of Gardasil®9, administered at 0, 2, and 6 months. This includes persons with the following major medical conditions: primary or secondary immunodeficiencies (B lymphocyte antibody and T lymphocyte complete or partial deficiencies); HIV infection; malignancy; organ transplantation; or significant immunosuppressive therapy (excluding asplenia or hyposplenia). Any students in Year 7 that have these conditions will be referred to their GP. These students do not have to wait until the end of the school year to receive the vaccine. Please contact the Immunisation Unit on 62052300 if you have any queries.

If a person is aged 15 years or more when the first dose of Gardasil®9 was received, 3 doses of Gardasil®9 will be required. Note: only 2 doses of Gardasil®9 are funded through the National Immunisation Program (NIP) the third dose must be purchased by private prescription.

Further information on Gardasil®9 or the recommendations regarding doses of Gardasil®9 vaccine required for those who have already received another HPV vaccine please see the ATAGI advice included at the end of this newsletter.

### Meningococcal ACWY Vaccination

In December 2017, the ACT government announced funding of a free meningococcal ACWY vaccine for Year 10 students and a catch-up program for those aged 16 to 19 years. The catch-up program is available in 2018 only.

**In 2018 adolescents aged 16 to 19 years can receive the vaccine as a catch-up dose through their GPs.**

The School Health Immunisation Team will visit Year 10 high school students from term 1 2018 and provide them with the vaccine which protects against the meningococcal A, C, W and Y strains. Any student in Year 10 who misses the meningococcal ACWY in school can have the vaccine through their GP to 31 December 2018.

Meningococcal ACWY should be administered to all eligible adolescents even if they have previously received the meningococcal C vaccine or had meningococcal disease.

Meningococcal disease is an uncommon but serious disease and adolescents are at increased risk. In recent years, rates of invasive meningococcal disease caused by meningococcal W and meningococcal Y strains have increased across Australia.

This program has been initiated in response to increasing cases of meningococcal W. Evidence suggests that this strain of the disease is more severe than other types.

For further information: <http://www.health.act.gov.au/our-services/immunisation/adolescents>

On February 2 2018 the Federal Minister for Health announced that Men ACWY vaccine will be added to the National Immunisation Program (NIP) for infants at 12 months of age. It is expected that the 12 month Men ACWY will be added to the NIP in the 2nd half of 2018.



### Hepatitis A

An outbreak of hepatitis A in men who have sex with men (MSM) is currently being reported in many States in Australia. Although no cases in MSM have been reported in the ACT there is an ongoing risk, particularly with the Gay and Lesbian Mardi Gras occurring in late February and early March.

Hepatitis A is predominantly transmitted through the oral-faecal route with the incubation period being from 15 to 50 days. Hepatitis A virus is excreted for up to 2 weeks before the onset of illness and at least 1 week afterwards.

Please raise awareness of the risk of hepatitis A with your patients appropriately including the promotion of hepatitis A vaccine (2 doses at least 6 months apart). Hepatitis A vaccines are highly immunogenic with virtually universal seroconversion 4 weeks after vaccination. The duration of immunity following vaccination is not certain. However, vaccine induced immunity to hepatitis A probably persists for many years. There is no current evidence that booster doses are required and, in healthy individuals, it is quite possible that they will never be required.

Consider hepatitis A in any patient presenting with symptoms association with hepatitis infections such as dark urine, jaundice, anorexia, malaise or pale faeces. Collect blood for serology (IgM) and liver function tests, advise against sexual activity and food preparation for others and notify ACT Health immediately on 62052155.

### Zostavax

Since November 2016, a free shingles vaccine program has been funded under the National Immunisation Program (NIP) for 70 year olds, with a time-limited catch-up program for people 71 to 79 years old until October 2021.

At the commencement of the program, the interest in the vaccine was extremely high. ACT Health have ample stock available to meet ongoing demand. Zostavax® supplies can be ordered through the same process currently used to order all other vaccines.

To assist in promoting the program and ensuring people 70 to 79 years old are protected against shingles, it is now timely that providers:

- follow up with patients or other eligible people 70 to 79 years old who would benefit from the vaccine and who may have missed out earlier in the program.
- promote the vaccine to eligible people 70 to 79 years old through displaying the program posters and brochures in your clinic or health care facility.
- report vaccinations to the Australian Immunisation Register (AIR).

For further information, clinical advice and promotional materials for the National Shingles Vaccination Program are available for download online at the Department of Health's website: <http://immunise.health.gov.au>



### SmartVax

SmartVax is an app which uses SMS and smartphone technology to actively monitor vaccine safety in real time.

#### **How does it work?**

The application extracts immunisation data from practice software and sends a series of SMS messages inquiring if patients have experienced an adverse event following immunisation.

#### **At the general practice**

The SMS responses provided by the patients/parents are written back into the SmartVax tool.

Medically attended reactions are flagged to the GP's software inbox and the local health authority.

All data outputs to a reaction are reported to the practice and the report can also be printed.

#### **What the patient sees**

The SMS asks patients if there were any adverse reactions to the vaccinations and requests a "Yes" or "No" reply by SMS. Yes responses trigger a second SMS. The second SMS inquires if the reaction was medically attended.

Yes responders also receive an SMS link to an online survey to complete. The survey is simple and takes less than 2 minutes to complete.

#### **Patient response rate**

During a trial at Illawarra Medical Centre, the SMS response rate was consistently high: over 85% in children and a remarkable 74% in those over 65 years of age, despite the system being technology dependant.

#### **Getting involved**

As a general practice, you can get involved at no cost.

For further information and to enrol your practice in this vaccine surveillance program, contact [info@smartvax.com.au](mailto:info@smartvax.com.au) or look at the information brochure [http://www.smartvax.com.au/uploads/7/5/7/2/7572975/about\\_smartvax.pdf](http://www.smartvax.com.au/uploads/7/5/7/2/7572975/about_smartvax.pdf)



### **MMR Vaccine free for adults**

The ACT Government funds measles, mumps, rubella (MMR) vaccine for adults. Anyone born in or after 1966 and has not previously received two measles containing vaccines is eligible for free MMR vaccine.

### **Antenatal Pertussis Vaccination**

Vaccination of pregnant women with pertussis vaccine has been shown to be effective in preventing pertussis disease in newborn infants via the transfer of maternal antibodies in utero.

The vaccine can be administered anytime in the third trimester up until delivery. It is however recommended that the vaccine be given at 28 weeks gestation or as soon as possible afterward.

### **Check for MMRV**

Immunisation coverage rates suggest that some children have missed MMRV at their 18 month scheduled visit. When administering immunisations to four year olds please check that the 18 month MMRV was given. If it has been missed please administer as soon as possible or with other vaccines at 4 years.

### **Additional vaccinations for infants and young children**

In addition to the routine funded vaccines on the National Immunisation Program, some infants and children require extra vaccines. This is because they have a higher risk of getting a vaccine preventable disease and/or a higher risk of complications if they do get the disease.

Please contact the Immunisation Unit on 6205 2300 if you require any further information or resources.

### **Information packs**

The Immunisation Unit distributes an information pack when new vaccines are distributed or a new vaccination program commences. This pack contains information for immunisation providers and, often, a new Vaccine Order Form. Please take the time to look through these packs. The new vaccine order form should be used for all future vaccine orders and previous order forms discarded.