2018 School Immunisation Program

The School Varicella vaccination Catch-up Program is finishing in 2017. The vaccine will no longer be offered through the school immunisation program. Varicella vaccine was introduced on the National Immunisation Program in November 2005 for all children at 18 months of age. Therefore children in Year 7 during 2018 should have been immunised with varicella as an infant. Varicella vaccine remains funded under the National Immunisation Program for all persons up to 19 years, so any children that missed varicella vaccination as an infant may still be vaccinated.

From 2018 the current quadrivalent human papillomavirus (HPV) vaccine Gardasil used for adolescent vaccination will be replaced with Gardasil® 9. Gardasil®9 (Seqirus/Merck & Co Inc.) protects against a 9 strains of HPV (types 6, 11, 16, 18, 31, 33, 45, 52 and 58) and has a 2 dose vaccination schedule. The 2018 School Immunisation Program schedule will be:

- 2 doses of HPV vaccine, minimum interval of 6 months between doses
- 1 dose of dTpa, a booster for whooping cough, diphtheria and tetanus

Meningococcal ACWY school vaccination program.

ACT will be implementing a meningococcal ACWY school-based vaccination program targeting Year 10 students in high schools from term 1 2018.

Meningococcal disease is a rare but serious infection which can become life-threatening very quickly. Adolescents are at increased risk of meningococcal disease.

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. 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.

School Vaccination Catch up

Catch up HPV vaccines for boys and girls in Year 7 who missed out on doses at school this year are available from 1st December. Once the School Team complete the 2017 vaccination program, they send letters informing parents if their child missed out on any vaccines during the year.

Parents are asked to provide the letter to their general practice so that the correct vaccine and dose number is ordered for the child. If a parent did not consent to vaccination through the schools program, they will not receive a letter. These children are still eligible for government funded HPV vaccine.

Further information on catch up using Gardasil 9 will be sent in early 2018.

Is your patient planning a pregnancy

What vaccinations should women have before becoming pregnant?

Vaccination prior to pregnancy will protect the mother and her baby from vaccine preventable infections both before and after birth. Please check immunity to the following diseases before pregnancy and vaccinate if not immune against:

- hepatitis B,
- measles,
- mumps,
- rubella and;
- varicella (chickenpox).

It is recommended that women wishing to become pregnant wait 28 days before becoming pregnant following the administration of a live viral vaccine such as measles, mumps, rubella and chicken pox.

Immunity to some of these diseases are checked as a part of their antenatal health check. If their immunisation status for a particular disease remains unknown, please discuss with them about getting further screening.

Immunisations recommended during pregnancy

- Influenza
- Pertussis (dTpa) at 28 weeks

Immunisations for others in the family

Pregnancy is also a good time for other household members including partners, grandparents, and close family to review their own immunisation status and whether they require vaccination before the baby is born.

If patients were unable to be vaccinated prior to, or during pregnancy, it is recommended they receive any necessary vaccines as soon as possible after the baby is born.
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 back yards and many people travel overseas. This means there is a higher risk of coming into contact with animals that carry this deadly disease.

Rabies and ABLV 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 who regularly handles or cares for bats or anyone intending to travel to a country where rabies is known to be a risk.

If bitten, scratched or licked by a bat in Australia or an animal in a country where rabies is a risk it is important to wash the wound or area thoroughly, for about five minutes, with soap and water. 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. ACT Health funds PEP if required. For advice on ABL or rabies or to enquire about accessing PEP please contact the Health Protection Service, Immunisation Unit on 6205 2300.
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 the 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 or look at the information brochure http://www.smartvax.com.au/uploads/7/5/7/2/7572975/about_smartvax.pdf
Shingles vaccination
A single dose of herpes zoster vaccine is funded on the NIP for all adults at 70 years of age. A catch-up dose is also funded for adults aged 71–79 years until 2021. Shingles vaccine (Zostavax) can be safely administered at the same time as influenza and pneumococcal vaccines.

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.

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.

Data collection
Data on vaccines administered is required to evaluate programs and ascertain coverage rates.

The Influenza & Pneumococcal Vaccine Record Form, antenatal pertussis vaccination data and general practice staff influenza vaccination program data should be sent to the Immunisation Unit (fax: 62051738 or email: immunisation@act.gov.au).

A record of HPV doses administered to children should be sent to the HPV Register using the HPV Record Form. If your practice does not have a copy of these forms, please contact the Immunisation Information Line on 6205 2300.