Happy New Year and welcome to 2017!

As we move into the New Year it’s time to reflect on what was a busy and productive 2016 for immunisation in the ACT. 2016 saw the introduction of new vaccines to the National Immunisation Program (NIP). In March, DTPa was re-introduced to the schedule for children at 18 months. For the 70-79 year olds in the community, protection against shingles commenced with the introduction of Zostavax® in November.

Many changes were seen at the national level with the introduction of the ‘No Jab No Pay’ program in January and with it the challenges of providing catch-up vaccines to persons up to 19 years of age. This was accompanied by the upgrade of the Australian Childhood Immunisation Register (ACIR) to include vaccination records for people less than 20 years; followed later in the year by the expansion of the register to become the Australian Immunisation Register (AIR), enabling collection of vaccination status from birth through to death.

During 2016 the Vaccine Management Unit at ACT Health delivered over 180,000 vaccines to immunisation providers across the ACT for both NIP and ACT run immunisation programs and nearly 2500 vaccines for the No Jab No Pay program. The ACT continued to maintain high immunisation coverage rates over the 12 month period for the three childhood age cohorts reported by the ACIR.

The Immunisation Education sessions for healthcare workers continued to be very popular and well patronised. A number of sessions were held through the year with topics including influenza; Zostavax®; issues regarding immunisation; and the current vaccination schedule.

Looking forward towards 2017, ACT Health will continue to offer the Immunisation Education Program with four sessions scheduled over the 12 month period. Whilst overall immunisation coverage rates in the ACT remain high, challenges continue in maintaining and increasing immunisation coverage for Aboriginal and Torres Strait Islander children. Aims to improve coverage rates for Aboriginal and Torres Strait Islander people and other at risk groups will be a priority during 2017.
Mix The HIB

Infanrix Hexa vaccine is licensed for use for primary immunisation at 2, 4 and 6 months of age. It is a 6 antigen based combination vaccine. Antigens present in the vaccine are: Diphtheria, Tetanus, Pertussis (acellular), Hepatitis B, Poliomyelitis (inactivated) and Haemophilus influenzae type b (Hib). Five antigens are present in the pre-filled syringe. The 6th antigen (Hib) is presented separately as a pellet in a vial.

Infanrix Hexa must be reconstituted just prior to administration by adding the entire contents of the pre-filled syringe to the vial and shaking until the pellet is completely dissolved. The vial must ONLY be mixed with the contents of the pre-filled syringe, the Hib component cannot be mixed with sterile water.

If Infanrix Hexa is administered without mixing the Hib vial please contact the Health Protection Service on 62052300 for advice.

Catch-up Vaccines

Any student requiring catch up vaccinations from the 2016 School Program should have received a letter from the School Health team outlining which vaccine/s they missed. This letter is not essential for ordering vaccines, however, it assists in ensuring minimum intervals between doses of HPV are kept.

Students in Year 8 this year can receive missed doses of the funded HPV, Boostrix and Varicella vaccines until the end of this year. Home schooled children in Year 7 and 8 can receive these vaccines at any time during 2017.

Catch up vaccines are delivered with your normal delivery date. VMU is unable to deliver it as an urgent delivery. When you place an order, please include the year that the student is in this year. Incomplete information on catch up orders may mean the order is not approved.
Changes to recommendations on preventing sexual transmission of Zika virus

The Department of Health has recently updated its recommendations for reducing the risk of sexual transmission of Zika virus. The main change from the previous advice is that the period of abstinence/pregnancy deferral/safe sex for asymptomatic men, has been increased from 8 weeks to 6 months. The updated guidelines and associated fact sheets are available on the Department’s website: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-zikavirus.

National increase in Meningococcal W infections

There has been a national increase in the number of notification of Invasive Meningococcal Disease (IMD) due to Neisseria meningitidis serogroup W. All age groups have been affected with bacteraemia being the most common presentation. However, several cases have presented with less typical presentations such as septic arthritis or epiglottitis. Be alert for presentations that could be due to IMD and consider appropriate management and referral.

Increase in Ross River Fever notifications

There has been a recent increase in the number of cases of Ross River Virus infection in NSW and the ACT. Routine mosquito surveillance in NSW has detected a marked increase in the numbers of mosquitoes in inland areas following recent flood events and heavy rains. Please reinforce mosquito prevention messages to patients including: wearing protective clothing (particularly at dawn and dusk when mosquitoes are more active); use of mosquito repellent; and use of fly screens and mosquito nets when travelling or camping and removing potential mosquito breeding sites around the home. Consider arbovirus infections in patients presenting with compatible symptoms.

Bats

Historically the ACT has had an increased number of reports of bat scratches and bites over the summer months. If you have a patient that has been bitten or scratched by a bat a course of rabies vaccine and immunoglobulin may be required to prevent infection. Post Exposure Prophylaxis is funded by ACT Health.

For further information or advice ring the Health Protection Service on 62052300.
ACIR to AIR

A reminder that the Australian Childhood Immunisation Register (ACIR) has become a whole of life register called the Australian Immunisation Register (AIR). The AIR has a record for all people registered with Medicare. It is important to ensure immunisations given to people of all ages are now entered into the AIR.

MMRV

When administering immunisations to four year olds please check that the 18 month MMRV was given. If it has been missed it can be given at 4 years.

4 Year Immunisations

Reports received from the AIR has seen a notable increase in the number of children recorded as receiving infanrix (DTPa only) at 4 years. The NIP recommendation for 4 year olds is Infanrix-IPV (DTPa and Polio).

Data Entry Issues

In order to ensure the integrity of data reported through the AIR it is important to accurately record vaccines administered. When entering data in GP software or on the AIR please ensure vaccine type and dose number are correct.

Catch-up vaccines

Catch-up vaccines that are supplied for an individual patient (i.e. in a plastic bag with the patients name on it) are only to be used for that patient. If used for another patient, the vaccine may not be replaced by the Vaccine Management Unit.

ACT Health Immunisation Web Page


Don’t forget the great Immunisation web page with lots of resources and information for you and your clients. Please feel free to refer people to this webpage.