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Look out for new vaccines in your fridge

Quadracel as well as Infanrix-IPV is now being provided for the vaccination of 4 year old children. Both brands of vaccine will be available.

Quadracel is provided in packs of 5 vials

The new presentation for the Engerix Paediatric hepatitis B vaccine is now being delivered.

Contact us
Health Protection Service
Immunisation Unit
Phone: 6205 2300
Fax: 6205 1738
Email: Immunisation@act.gov.au

Communicable Disease Control
Phone: 6205 2155
Fax: 6205 1739
Email: cdc@act.gov.au
Serological testing following hepatitis B vaccination

Hepatitis B serological testing is not routinely recommended for most people who have a documented history of receiving the primary course of hepatitis B vaccination.

Anti-HBs antibody and HBsAg levels should be measured in persons listed below:

- infants born to mothers with chronic hepatitis B infection 3 to 12 months after completing the primary vaccine course;
- those at significant occupational risk (e.g. healthcare workers whose work involves frequent exposure to human tissue, blood or body fluids);
- those at risk of severe or complicated HBV disease (e.g. persons who are immunocompromised, and persons with pre-existing liver disease not related to hepatitis B);
- those in whom a poor response to hepatitis B vaccination may occur (e.g. haemodialysis patients, persons with bleeding disorders vaccinated via the SC route); and
- sexual partners and household, or other close household-like contacts of persons who are infected with hepatitis B.

For these individuals, if adequate anti-HBs levels (≥10 mIU/mL) are not reached on serological testing 4 to 8 weeks (or 3 to 12 months for infants) after the 3rd dose the possibility of HBV infection, including chronic HBV infection, should be investigated by testing for serological markers, including HBsAg and anti-HBc antibodies. In select cases in which hepatitis B infection is suspected, HBV nucleic acid testing may also be indicated, and expert advice regarding further management should be sought. If there are no markers of HBV infection, the individual should be managed as a non-responder to hepatitis B vaccination (refer to online version of Australian Immunisation Handbook).

If persons who are at significant risk of hepatitis B (such as healthcare workers) were not tested for anti-HBs within 4 to 8 weeks after completion of the documented primary course, they should undergo serological testing to ensure immunity.

Persons listed in the above groups who have an anti-HBs level of <10 mIU/mL, should be given a single booster dose (4th dose) of vaccine. Persons with immune memory established from effective prior vaccination should respond to this booster dose. Anti-HBs should be checked 4 weeks later. If the anti-HBs level is ≥10 mIU/mL, the person can be regarded as immune. If the anti-HBs level remains <10 mIU/mL, the possibility of HBV infection should be investigated and, if excluded, the person should be managed as a non-responder to vaccination.
Reporting of Notifiable Conditions Code of Practice 2017

There are more than 60 notifiable conditions in the ACT. Under the Public Health Act 1997 it is a requirement that certain individuals (doctors, authorised nurse practitioners, pathologists, persons in charge of hospitals and other responsible people) inform the Chief Health Officer if they have reasonable grounds to believe that a patient has, or may have a notifiable condition. The requirements for such notifications are prescribed in the Reporting of Notifiable Conditions Code of Practice which was updated and legislated in August 2017. This Code of Practice replaces the previous version legislated in 2006.

The key changes reflected in the updated Code of Practice include:

- Grouping of conditions according to notification requirements (both time and method related); and
- Amendments to the notifiable conditions listing:
  - Addition of:
    - Adverse Event(s) Following Immunisation (AEFI);
    - Chikungunya virus infection;
    - Middle East Respiratory Syndrome (MERS-CoV) coronavirus;
    - Respiratory Illness Cluster (>3 related cases in an institution within 72 hrs); and
    - Rotavirus.
  - Removal of:
    - Acquired Immunodeficiency Syndrome (Human Immunodeficiency Virus (HIV) will remain notifiable);
    - Food Poisoning (not elsewhere specified); and
    - Giardiasis.


Any questions or queries can be directed to the Health Protection Service, Communicable Disease Control section on (02) 6205 2155 or [cdc@act.gov.au](mailto:cdc@act.gov.au).

REMINDER - It’s not to late for the flu shot

Influenza vaccine is provided free under the National Immunisation Program (NIP) for:

- Anyone over 65 years;
- Aboriginal and Torres Strait Islanders 6 months to 5 years;
- Aboriginal and Torres Strait Islanders 15 years and over;
- Pregnant women; and;
- Anyone over 6 months old who has medical conditions associated with the highest risk of influenza disease complications (including heart conditions, asthma and other lung conditions, diabetes, kidney problems or impaired immunity).
Shingles vaccination
A single dose of herpes zoster vaccine is funded on the NIP for all adults at 70 years of age. A single catch-up dose is also funded for adults aged 70–79 years until 2021. Shingles vaccine (Zostavax) can be safely administered at the same time as influenza and pneumococcal vaccines.

Refrigerator or power failure
All immunisation providers should have a back-up plan and an alternative option for vaccine storage in the event of a refrigerator or power failure. Please see the current ‘Strive for 5’ for information and advice on how to manage this situation or call 6205 2300.
Remember: if you need to transport vaccines to another fridge pack the data logger with them.

Check the pack
The Health Protection Service has received increasing reports of vaccine requiring reconstitution (e.g. Infanrix Hexa and Zostavax) not being reconstituted prior to administration. Please double check all vaccines prior to administration to ensure all the vaccine components have been reconstituted.

Check for MMRV
Immunisation coverage rates suggest that some children have not been given 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 Health Protection Service 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.

Storage of vaccines
The National Vaccine Storage Guidelines – Strive for Five states that all vaccines should be stored in their original packaging. This helps protect them from temperature fluctuations and ultraviolet (UV) light, which may affect the viability of vaccine.

Information on influenza vaccine