Queensland Health

Immunisation Program Update

Issue No. 3
September 2016

From the manager:

Welcome to our third edition of The Update, an initiative that commenced in March 2016. The aim of this publication is to keep you informed of immunisation program changes, current issues and topics.

In this edition, we provide information about changes to the national immunisation program including the introduction of the shingles vaccine, Zostavax® into the National Immunisation Schedule and the commencement of the Australian Immunisation Register. Also in this edition, we focus on Aboriginal and Torres Strait Islander immunisation issues and program responses.

Feedback comments on previous editions of the Immunisation Program Update have been encouraging. I hope you find the contents of this edition informative and useful.

Please continue to feedback your suggestions and comments which can be emailed to:

immunisation@health.qld.gov.au

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Manager, Immunisation Program

In this issue

Queensland Government

return to contents

Shingles vaccine Zostavax® funded for 70 year olds from November 2016

The shingles vaccine, Zostavax® will be funded under the National Immunisation Program from November 2016 for people aged 70 years. A single catch up dose will be funded for adults aged 71-79 years until 2021.

Points to note:

- Zostavax® must be reconstituted with the diluent before administration.
- Zostavax® is given as a subcutaneous injection
- Zostavax® can be given at the same time as the influenza vaccine or pneumococcal polysaccharide vaccine, using separate syringes and injection sites.
- Zostavax® is safe for most older people, including those with common chronic diseases (arthritis, hypertension, chronic renal failure, diabetes, COPD and other similar conditions).
- Zostavax® is contraindicated in persons with significant immunocompromise due to either a primary or acquired medical condition or due to medical treatment.
- Zostavax® is not registered for the treatment of shingles or shingles related post-herpetic neuralgia (PHN). Individuals presenting with an acute illness should defer immunisation until they are fully recovered. A person who has had an episode of shingles is recommended to wait at least a year between recovering from the infection and having the vaccine.

For more information about Zostavax®, refer to the zoster section of the Australian Immunisation Handbook 10th edition 2015

Zostavax® vaccine will be distributed to immunisation providers prior to program commencement in November and more information will be provided at this time.

Refrigerator capacity may become an issue, particularly once influenza season commences in 2017. Please review your service/clinics ongoing capacity to safely store your vaccine requirements.

The Australian Immunisation Register

In September 2016, the Australian Childhood Immunisation Register (ACIR) will become the Australian Immunisation Register (AIR). This expansion of ACIR will mean that the register will collect details of immunisations given to both children and adults in Australia. The register will be able to collect details about vaccines not previously recorded, such as Zostavax® and Pneumovax 23™.

It will be important to:

1. Ensure your practice management software has the latest updates so all vaccines can be reported to AIR as necessary
2. Transmit your immunisation data electronically. Talk to your software provider about how to do this.

More information will be provided as it becomes available.

No Jab No Pay – catch up for children over 10 years

- Infanrix Hexa™ is only recommended for use in children under 10 years
- Reduced diphtheria/tetanus/pertussis antigen formulations for adolescents and children 10 years and over are Adacel™, Adacel Polio™, Boostrix™ and Boostrix IPV™

Please refer to each relevant section in the Australian Immunisation Handbook, 10th edition 2015 or online at

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Before vaccinating, check the child's history on ACIR and contact your local public health unit to enquire about any vaccinations they may have received through the school immunisation program.

Request access to the ACIR secure site at

www.humanservices.gov.au/health-professionals/enablers/accessing-acir-using-hpos

You can then use the 'identify child' option to look up a child or adolescent's immunisation history.

Image by James Emery

The National Due and Overdue Rules for ACIR have been expanded to include people up to 20 years. These can help clarify why an older child has been assessed as overdue for immunisation. Keep a copy handy.

The rules can be downloaded from the 'resources' tab at www.humanservices.gov.au/health-professionals/services/medicare/australian-childhood-immunisation-register-health

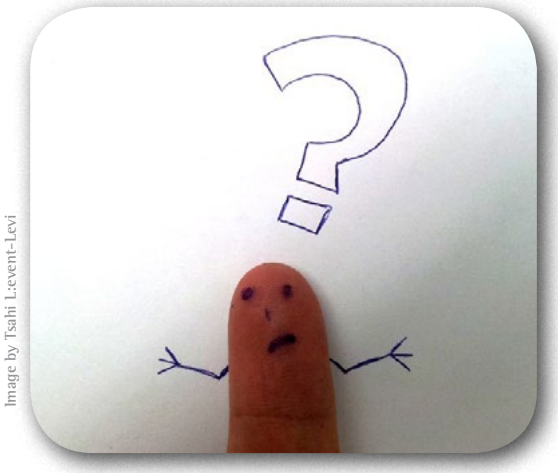


Image by Tsahi Levent-Levi

Where can I find information about vaccines and vaccine ingredients?

Product information about vaccines, including information on ingredients, is readily available from a number of sources.

- The Therapeutics Goods Administration (TGA) provides a publicly available online search facility for all product information (PI) for health professionals and consumer medicine information (CMI) for consumers. This can be found at https://www.ebs.tga.gov.au/
- Product information leaflets are included as package inserts in vaccines supplied through the National Immunisation Program.
- Each vaccine manufacturer makes product information available on their respective websites.
- The National Centre for Immunisation Research and Surveillance (NCIRS) produces a range of fact sheets for immunisation providers which may also be useful for members of the public. Their fact sheet about vaccine components is available at: www.ncirs.edu.au/assets/provider_resources/fact-sheets/vaccine-components-fact-sheet.pdf
- The Federal Government produces a booklet for health professionals – 'Myths and realities: responding to arguments against vaccination – A guide for providers'. This publicly available resource addresses questions about vaccines, their components and vaccination in general.

Consultation on the draft Queensland Health Immunisation Strategy 2017-2022

With many of the major commitments under the current Queensland Immunisation Strategy 2014-2017 now completed, Communicable Diseases Branch has taken the lead role in developing the future strategic direction for immunisation in Queensland. To this end, a draft Queensland Health Immunisation Strategy 2017-2022 (the Strategy) is now in development. It is proposed that the Queensland Government's Get Involved online consultation platform will be used to seek feedback on the draft Strategy over a three week period in coming months.

Communicable Diseases Branch will be seeking feedback on the draft from vaccine-service providers and other stakeholder services and organisations involved in immunisation.

Queensland Aboriginal and islander Health Council Immunisation Project

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body representing the community-controlled health sector in Queensland. QAIHC receives funding through Communicable Diseases Branch for their Immunisation project supporting community controlled health services throughout Queensland to improve Aboriginal and Torres Strait Islander immunisation coverage rates.

Project supporting community-controlled We recently welcomed Helen Wilson, Clinical Nurse Consultant and Trent Adams, Immunisation Project Officer who commenced work in July 2016 as the new Immunisation Project team. Helen and Trent will be travelling around Queensland to work with look out for them if they visit your patch particularly if you have good ideas about improving access to services and/or linking services to provide better outcomes for Aboriginal and Torres Strait Islander families.

Closing the gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children

Despite improvements statewide in childhood immunisation rates across Queensland, rates for Aboriginal and Torres Strait Islander children at one and two years of age remain lower than non-Indigenous children. Immunisation provides protection against vaccine-preventable disease and the consequences of low immunisation rates in Aboriginal and Torres Strait Islander populations are higher rates of morbidity and mortality.

Figure 1 below shows a comparison of recent data from the Australian Childhood Immunisation Register for children at 12 months of age.

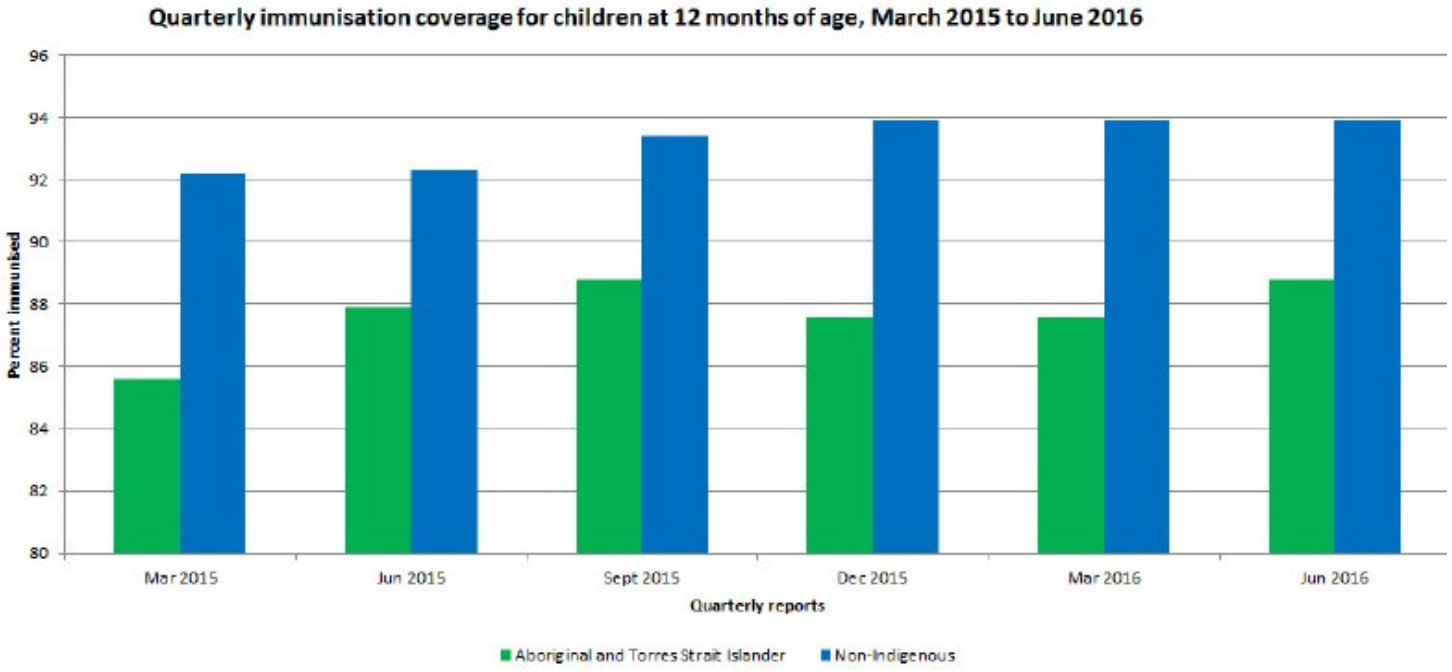


Figure 1: Queensland Aboriginal and Torres Strait Islander children and non-Indigenous children fully immunised at 12 months of age (March 2015 to June 2016). Source: Australian Childhood Immunisation Register, July 2016

Data on older cohorts of Queensland children indicate that the gap between fully immunised Aboriginal and Torres Strait Islander children and non-Indigenous children diminishes with time. The quarterly rates for five year old Aboriginal and Torres Strait Islander children in Queensland in recent years have been higher than non-Indigenous children. Timeliness of immunisation is therefore a key issue.

These data indicate that Aboriginal and Torres Strait Islander infants at a younger age may be more vulnerable to vaccine-preventable disease than non-Indigenous children. This is of particular concern with rotavirus as there is no catch-up vaccination schedule for rotavirus vaccine which is ineffective for older children.

The Department of Health is focusing resources on addressing these concerns with a range of collaborative approaches involving key stakeholders.

Access to culturally appropriate and culturally competent services is an essential element of the strategies aimed at closing the gap between Aboriginal and Torres Strait Islander and non-Indigenous childhood immunisation rates.

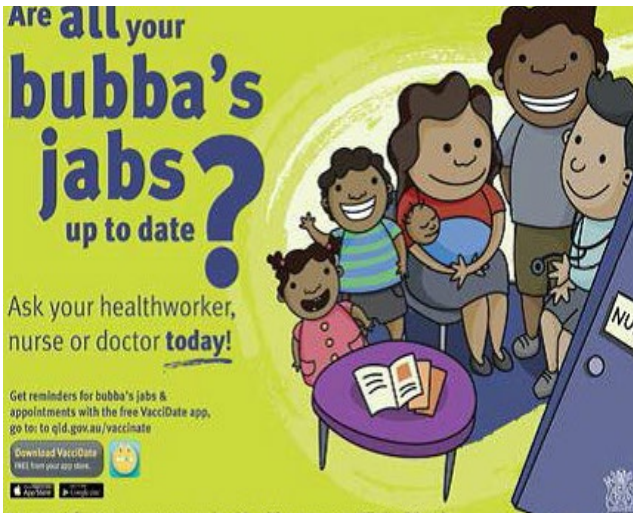
In 2015, the Queensland Department of Health commissioned a market research project to inform immunisation campaign material and other resources targeting Aboriginal and Torres Strait Islander families. In response, the Department has developed/is developing a number of resources including:

- expansion of the Bubba Jabs campaign across all parts of Queensland
- development of Aboriginal and Torres Strait Islander whooping cough vaccine promotion resources targeting pregnant women
- development of Aboriginal and Torres Strait Islander resources to support the childhood immunisation campaign. *cont.*

cont. from overleaf

Whilst the majority of Aboriginal and Torres Strait Islander children are up to date with their immunisations, strategies aimed at improving coverage will focus on the Aboriginal and Torres Strait Islander families who find it difficult to keep their children's immunisations up to date or who are reluctant to have their children immunised according to the National Immunisation Program Queensland Schedule.

The Closing the Gap Performance Report 2015 suggests efficient use of recall systems, community leadership, support of immunisation programs and integration of immunisation services with community-based programs and services are effective strategies to address immunisation coverage issues. Consequently, Communicable Diseases Branch will be working on a range of strategies into the future to improve Aboriginal and Torres Strait Islander childhood immunisation coverage with an initial focus on areas of high population with the lowest immunisation rates. Work is also underway in developing a statewide immunisation reminder system for Aboriginal and Torres Strait Islander parents of babies and a more intense follow up of Aboriginal and Torres Strait Islander children overdue for immunisations according to Australian Childhood Immunisation Register records. More information about initiatives will be provided in future issues of the *Immunisation Program Update*.



National Aboriginal and Torres Strait Islander Immunisation Network (NATSIIN)

The National Aboriginal and Torres Strait Islander Immunisation Network (NATSIIN) was established in 2006 to coordinate support for those involved in providing immunisation services to Aboriginal and Torres Strait Islander people. NATSIIN is administered by the National Indigenous Immunisation Coordinator at the National Centre for Immunisation Research and Surveillance (NCIRS).

The National Coordinator of NATSIIN is Mr Brendon Kelaher. The National Coordinator convenes three to four NATSIIN teleconference forums per annum. The Queensland Department of Health Immunisation Program is a member organisation.

A topic that dominated discussion at the most recent teleconference was the funded influenza vaccine for all Indigenous children aged 6 months to <5 years. Generally there has been poor uptake across the states and territories (around 10%) with the exception of the Northern Territory where uptake has been around 60%.

The limitation of the current program to children under 5 years of age was also considered to be an issue. A universal program extended to include Aboriginal and Torres Strait Islander children 5 years to 15 years has been proposed by the National Immunisation Committee (a national body representing national, state and territory governments). The proposal is being considered by the Pharmaceutical Benefits Advisory Committee.

The SARAH project
(Support and Resources to Assist Hesitant parents with immunisation)

The SARAH project is a collaboration between health professionals who have an interest in health communication and social research. They have produced a range of consumer resources under the brand SKAI (Sharing Knowledge about Immunisation). The resources are available on the Immunise Australia website at:

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/fact-sheets-concerns-vaccination

Information about SARAH is at: www.ncirs.edu.au/research/social-research/sarah-project/

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