

Immunisation Program Update

No. 8
September 2017

From the manager

The immunisation program area is one of constant change. Requests from immunisation providers for a regular update about changes and current best practice led to the establishment of this regular written update.

I am pleased to receive regular feedback that indicates the *Immunisation Program Update* is well regarded across the sector and used as a source of reliable information and news about immunisation.

As you can see by the list of topics opposite, there are many items of importance and interest in Issue No. 8. If you are reading this document as a printed copy and wish to access it online for website links, go to our "Immunisation Providers" webpage which also has all previously published issues:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers>

Please provide your feedback comments and suggestions for future editions which can be emailed to immunisation@health.qld.gov.au

I look forward to hearing from you.

Karen Peterson
Manager, Immunisation Program

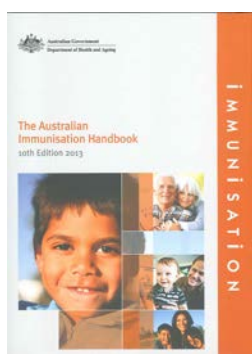
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Using the online *Australian Immunisation Handbook*

The most reliable up-to-date version of *The Australian Immunisation Handbook* is the online version which is available at: www.health.gov.au/internet/immunise/publishing.nsf/content/handbook10-home

Save this link to your favourites in your web search for easy access whenever you need to look up information about immunisation. **The online version of the handbook is updated as required which means the latest information only exists in the online version of the handbook.**



Online version of *The Australian Immunisation Handbook*:

- ✓ Most current and up to date information about immunisation
- ✓ Easy to search topics using **Ctrl F**
- ✓ Easy to navigate the online handbook to look for specific topics from the **TABLE OF CONTENTS** on the opening page of the handbook by clicking on the topic of choice
- ✓ Use the hyperlinks within the text to access more information

New National Immunisation Program (NIP) Queensland Schedule and Additional Notes updated July 2017

These two new resources (the updated NIP Schedule and the Additional Notes) have been developed to support changes to the schedule including changes recently announced by the Australian Government with the expansion of catch-up for all 10 to 19 year olds and for refugees and other humanitarian entrants aged 20 years and older.

You should have recently received these two new resources (pictured below) in the mail. They are also available for viewing and/or printing additional on the Queensland Health website: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule

National Immunisation Program Queensland Schedule				National Immunisation Program Additional notes for the schedule			
Age	Vaccine	Notes	Comments	Age	Vaccine	Notes	Comments
0 months	DTaP, Hib, Polio, Pneumococcal	First dose	For children born on or after 1 July 2017, the first dose of DTaP should be given at 6 weeks of age.	0 months	DTaP, Hib, Polio, Pneumococcal	First dose	For children born on or after 1 July 2017, the first dose of DTaP should be given at 6 weeks of age.
4 months	DTaP, Hib, Polio, Pneumococcal	Second dose		4 months	DTaP, Hib, Polio, Pneumococcal	Second dose	
18 months	DTaP, Hib, Polio, Pneumococcal	Third dose		18 months	DTaP, Hib, Polio, Pneumococcal	Third dose	
4 years	DTaP, Hib, Polio, Pneumococcal	Fourth dose		4 years	DTaP, Hib, Polio, Pneumococcal	Fourth dose	
10 years	DTaP, Hib, Polio, Pneumococcal	Fifth dose		10 years	DTaP, Hib, Polio, Pneumococcal	Fifth dose	
15 years	DTaP, Hib, Polio, Pneumococcal	Sixth dose		15 years	DTaP, Hib, Polio, Pneumococcal	Sixth dose	
20 years	DTaP, Hib, Polio, Pneumococcal	Seventh dose		20 years	DTaP, Hib, Polio, Pneumococcal	Seventh dose	
25 years	DTaP, Hib, Polio, Pneumococcal	Eighth dose		25 years	DTaP, Hib, Polio, Pneumococcal	Eighth dose	
30 years	DTaP, Hib, Polio, Pneumococcal	Ninth dose		30 years	DTaP, Hib, Polio, Pneumococcal	Ninth dose	
35 years	DTaP, Hib, Polio, Pneumococcal	Tenth dose		35 years	DTaP, Hib, Polio, Pneumococcal	Tenth dose	
40 years	DTaP, Hib, Polio, Pneumococcal	Eleventh dose		40 years	DTaP, Hib, Polio, Pneumococcal	Eleventh dose	
45 years	DTaP, Hib, Polio, Pneumococcal	Twelfth dose		45 years	DTaP, Hib, Polio, Pneumococcal	Twelfth dose	
50 years	DTaP, Hib, Polio, Pneumococcal	Thirteenth dose		50 years	DTaP, Hib, Polio, Pneumococcal	Thirteenth dose	
55 years	DTaP, Hib, Polio, Pneumococcal	Fourteenth dose		55 years	DTaP, Hib, Polio, Pneumococcal	Fourteenth dose	
60 years	DTaP, Hib, Polio, Pneumococcal	Fifteenth dose		60 years	DTaP, Hib, Polio, Pneumococcal	Fifteenth dose	
65 years	DTaP, Hib, Polio, Pneumococcal	Sixteenth dose		65 years	DTaP, Hib, Polio, Pneumococcal	Sixteenth dose	
70 years	DTaP, Hib, Polio, Pneumococcal	Seventeenth dose		70 years	DTaP, Hib, Polio, Pneumococcal	Seventeenth dose	
75 years	DTaP, Hib, Polio, Pneumococcal	Eighteenth dose		75 years	DTaP, Hib, Polio, Pneumococcal	Eighteenth dose	
80 years	DTaP, Hib, Polio, Pneumococcal	Nineteenth dose		80 years	DTaP, Hib, Polio, Pneumococcal	Nineteenth dose	
85 years	DTaP, Hib, Polio, Pneumococcal	Twentieth dose		85 years	DTaP, Hib, Polio, Pneumococcal	Twentieth dose	
90 years	DTaP, Hib, Polio, Pneumococcal	Twenty-first dose		90 years	DTaP, Hib, Polio, Pneumococcal	Twenty-first dose	
95 years	DTaP, Hib, Polio, Pneumococcal	Twenty-second dose		95 years	DTaP, Hib, Polio, Pneumococcal	Twenty-second dose	
100 years	DTaP, Hib, Polio, Pneumococcal	Twenty-third dose		100 years	DTaP, Hib, Polio, Pneumococcal	Twenty-third dose	

To make sure you're able to order vaccines in line with the schedule changes a new order form has been developed and provided to you in your monthly vaccine order. This new order form can also be accessed from the website at: www.health.qld.gov.au/data/assets/pdf_file/0026/442952/vaccine-request-form.pdf

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Correct vaccines for pregnant women

The Australian Immunisation Handbook recommends influenza vaccine for all pregnant women at any stage of pregnancy, particularly those who will be in the second or third trimester during the influenza season. The diphtheria, tetanus and pertussis containing vaccine (dTpa) is recommended as a single dose during the third trimester of each pregnancy (preferably 28 – 32 weeks).



The full details of advice regarding vaccines for pregnant women can be viewed online at: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part3~handbook10-3-3#3-3-2>

Incorrect vaccines administered

It is important to always make sure the correct vaccine is given to pregnant women (please check the National Immunisation Program (NIP), Queensland Schedule and the Additional notes for the schedule at:

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule>).

We are aware from vaccination registers that approximately 20 pregnant women were recently vaccinated with incorrect vaccines i.e. Infanrix® and Tripacel®. These two vaccines are registered for children up to 10 years of age and supplied on the NIP for children at 18 months of age only. Any adult receiving the childhood formulation of diphtheria-tetanus-pertussis vaccine (DTPa),

instead of the adult vaccine (dTpa), is receiving a much higher formulation than required. The dTpa vaccine funded for pregnant women in Queensland is Adacel®. It contains substantially less amounts of diphtheria toxoid and pertussis antigens than the child (DTPa) formulations.

Adults receiving the DTPa formulation may experience an unwanted and/or unnecessary adverse reaction to the vaccine. Any adverse events that occur for any vaccination in Queensland must be reported to the Queensland Department of Health using the Adverse Event Following Immunisation Form that can be found at:

https://www.health.qld.gov.au/_data/assets/pdf_file/0033/442968/aefi-reporting-form.pdf

NB: Vaccines for pregnant women

Please ensure **the correct vaccines** are given to pregnant women. These include the following:

- ✓ Pertussis containing vaccine, to be given in the third trimester (preferably 28 – 32 weeks)
- ✓ Influenza (Afluria Quad™, FluQuadri™ and Fluarix Tetra™) which can be given any time during pregnancy

The online journal, *Australian Prescriber* August 2017 issue includes an article on immunisation and pregnancy written by Dr Kerrie Wiley, Research Fellow, School of Public Health, University of Sydney. The article and an accompanying, short (11 minute) podcast focuses on benefits and safety of vaccinations during pregnancy. Access the article online at:

<https://www.nps.org.au/australian-prescriber/articles/immunisation-and-pregnancy-who-what-when-and-why>

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DTPa for 4 year old children

Services are reminded that children are recommended to have DTPa (given as Infanrix-IPV or Quadracel) at 4 years of age. This booster dose provides ongoing protection against diphtheria, tetanus, pertussis and polio until their next booster which is not given until Year 7.

There have been numerous cases recently where children have been given the 4 year old dose at less than 3 years and 6 months of age. If given too early, it is not considered a valid dose and will be rejected by AIR. This may result in the child requiring an additional vaccination. Refer to the online [Australian Immunisation Handbook](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home) for recommendations about vaccine dose intervals: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

The Queensland Health Immunisation Strategy 2017-2022

Following the successes of the *Queensland Immunisation Strategy 2014-2017* a new strategic plan for the immunisation program in Queensland was developed through a stakeholder consultation process and a public consultation in November 2016. The feedback on the draft was overwhelmingly supportive and constructive.

The new strategy was recently endorsed by the Honourable Cameron Dick MP, Minister for Health and Minister for Ambulance Services. A Department of Health Immunisation Strategy Implementation Plan has been developed to guide the department's services in delivering on planned activities.

The Queensland Immunisation Program is implemented by the Queensland Department of Health in collaboration with Hospital and Health Services and other vaccine service providers. In Queensland, vaccination services are delivered by a range of providers, including general practitioners, hospitals, some local governments,

community health services, Aboriginal and Torres Strait Islander community-controlled health organisations and correctional facilities.

All government and non-government services involved in the Queensland Immunisation Program are encouraged to work with the Department of Health towards achievement of Queensland's immunisation goals and objectives, in particular the target of 95 per cent of children under five years of age fully immunised (as recommended in the National Immunisation Program Schedule).

The *Queensland Health Immunisation Strategy 2017-2022* can be accessed online at: <https://www.health.qld.gov.au/public-health/topics/immunisation>



The Australian Immunisation Register: What does it mean for VIVAS?

A letter from the Dr Jeannette Young, the Chief Health Officer was recently sent out to all immunisation providers informing them about planned changes to VIVAS. (A copy of the letter is attached on the back page of this update.)

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Questions to consider:

- Do you use your practice management software to report immunisations to AIR? If so, there will be no change to reporting processes.
- Do you print a list of immunisations from your practice management software or use Queensland Health vaccine record forms to send immunisation data to VIVAS? If so, your reporting processes will need to be adapted to allow reporting to AIR.

The Immunisation Program is developing resources and will be conducting workshops to support and assist immunisation providers make these changes. ***At this stage, no changes to your usual reporting processes are required*** however more information will be forthcoming about workshop dates and where to access information.

Referral of Needle Phobic Patients to Lady Cilento Children's Hospital

Vaccination can be very stressful for any child or adolescent. For some however, that anxiety can be such that they are unable to be vaccinated at their school or in the community. For these needle-phobic patients, referral to the Queensland Specialist Immunisation Service at the Lady Cilento Children's Hospital (LCCH) may be an option for protection against vaccine-preventable disease. Referral online process:

<https://www.childrens.health.qld.gov.au/chq/health-professionals/referring-patients/referral-forms/>

Upon receipt of the referral from the GP or other Health professional, the patient is reviewed by the Senior Medical Officer (SMO), Nurse Practitioner or Clinical Nurse Consultant (CNC) to formulate an individual plan of care in collaboration with the patient and family. This plan will include consultation with the Occupational Therapy (OT) department at LCCH and may encompass desensitisation through familiarity with the

Immunisation Centre and the staff as well as diversional therapy to support the patient.

An appointment is made for vaccination when the patient, family and OT feel they are ready to implement their procedural plan.

If unsuccessful in the delivery of vaccines and revision of the plan, further consultation with the SMO may consider procedural sedation in discussion with the patient and family.

For patients who require this level of care to deliver vaccination, collaboration between the GP and Immunisation Centre may consider causes of patient anxiety with referral to a psychologist prior to Immunisation Centre contact, if appropriate. For further information online:

<https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/factsheets/qsis-fact-sheet-hp.pdf>

Recent trends in Aboriginal and Torres Strait Islander childhood immunisation data

The Australian Immunisation Register (AIR) quarterly immunisation coverage data since January 2015 indicate an upward trend in coverage for Aboriginal and Torres Strait Islander children in Queensland (see Table 1 below).

There have been a number of specific initiatives aimed at increasing the proportion of Aboriginal and Torres Strait Islander children fully immunised according to the National Immunisation Program schedule. These include state-wide initiatives such as the Health Contact Centre (13HEALTH) "Bubba Jabs on Time" project following up children identified as overdue in weekly reports drawn from AIR and local initiatives such as the Townsville Hospital and Health Service immunisation outreach project, "Boots on the Ground".

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Whilst the trend is encouraging, immunisation coverage rates for Aboriginal and Torres Strait Islander children remain lower than the coverage rates for children in the non-Indigenous population (i.e. 2.5% lower for the one year old cohort and up to 4.8% lower for the two year old cohort – Quarter 2, 2017).

To find out more about Aboriginal and Torres Strait Islander childhood immunisation issues or how your service can contribute to efforts to close the gap in childhood immunisation coverage rates refer back to Issue #3 which can be found on our website at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers>

What can you do?

To improve immunisation coverage for Aboriginal and Torres Strait Islander children make sure:

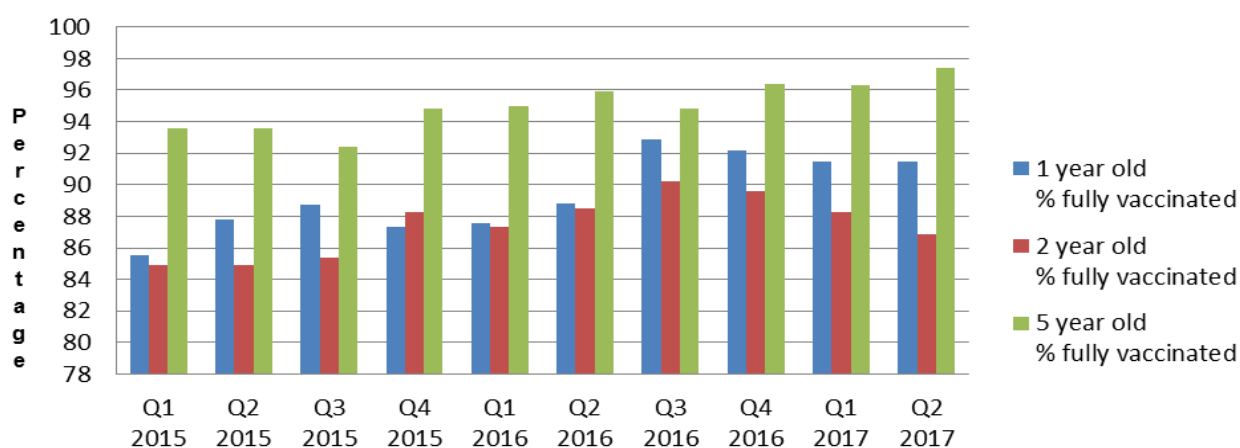
- ✓ You ask if children identify as Aboriginal and/or Torres Strait Islander and record the appropriate identifier.



- ✓ Be aware of the additional vaccines for Aboriginal and Torres Strait Islander children and make sure these are offered to eligible clients.
- ✓ Follow-up children who are overdue for immunisations.

Table 1: Trends in Aboriginal and Torres Strait Islander childhood immunisation data

Queensland quarterly immunisation coverage Q1 2015 to Q2 2017
Percent of cohort fully vaccinated: Aboriginal and Torres Strait Islander children at 1, 2 and 5 years of age



Source: Australian Immunisation Register (AIR)

Source: AIR

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Who's eligible to receive hepatitis B vaccine through the funded program?

Adult dose hepatitis B vaccine is currently in short supply in the private market. At present, the funded program is able to continue supplying hepatitis B vaccine for the groups listed in Table 2.

All orders for hepatitis B vaccine are closely scrutinised to determine an appropriate supply of vaccine for a service provider.

The Australian Technical Advisory Group on Immunisation (ATAGI) has developed hepatitis B vaccine advice for immunisation providers to assist during the current supply shortage.

The advice is available on the Immunise Australia website and can be accessed via the following link:

http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/clinical-updates-and-news#toc_hepB-short.

Please note regarding hepatitis B serology:

The *Australian Immunisation Handbook* provides the following advice regarding serological testing following hepatitis B vaccination:

Anti-HBs antibody and HBsAg levels should be measured in infants born to mothers with chronic hepatitis B infection 3 to 12 months after completing the primary vaccine course.

Other than for infants born to mothers with chronic hepatitis B infection, post-vaccination serological testing is recommended 4 to 8 weeks after completion of the primary course for persons in the following categories:

- *those at significant occupational risk*
- *those at risk of severe or complicated HBV disease*
- *those in whom a poor response to hepatitis B vaccination may occur*
- *sexual partners and household, or other close household-like, contacts of persons who are infected with hepatitis B.*

Access the online version of the *Australian Immunisation Handbook* for further information about hepatitis B vaccination at: <http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook10-home>

NB: Medical Benefits Schedule Item 69481 covers all three tests for hepatitis antibodies or antigens. However this item is subject to a Pathology Service Note (PN.0.19 page 36) which states that "Benefits for item 69481 are payable only if the request from the ordering practitioner indicates in writing that the patient is suspected of suffering from acute or chronic hepatitis; either by the use of the provisional diagnosis of hepatitis or by relevant clinical or laboratory information e.g. "hepatomegaly", "jaundice" or "abnormal liver function tests".

Did you know?

The Australian Government's Translating and Interpreting Service (TIS) is free for medical practitioners and pharmacies to assist in communicating with non-English speakers who have a Medicare card.

- ✓ Practice staff can also use the doctor's code number for arranging appointments and providing results.

The Australian Government Department of Social Services provides a free translation service that covers immunisation records. For further information go to their website:

<https://translating.dss.gov.au/en>

Coming soon:

The Immunisation Program will be surveying immunisation providers about the immunisation issues and needs of their clients from culturally and linguistically diverse (CALD) backgrounds. The survey will be available on-line through *Survey Monkey* in October 2017. Look out for more information about the survey in coming weeks.

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Table 2: Eligible groups for funded hepatitis B vaccine in Queensland

Group	Vaccine	Schedule
Infants at birth	H-B-VaxII OR Engerix B (paediatric)	Birth (within 7 days of birth –ideally within the first 24 hours)
Children and young adults aged between 10-19 years who have not received the full schedule of catch-up vaccines (refer to the NIP Additional notes for the schedule supplied by Queensland Health)	H-B-VaxII® OR Engerix B® (paediatric)	10 to <11 year olds and 16 to 19 year olds 0, 1 and 4 months <ul style="list-style-type: none"> • Minimum interval between dose 1 and dose 2 is 1 month • Minimum interval between dose 2 and dose 3 is 2 months • Minimum interval between dose 1 and dose 3 is 4 months • Either the 0, 1 and 4 month OR the 0, 2 and 4 month schedule is acceptable
	H-B-VaxII® (adult)	11 to 15 year olds are eligible to receive 2 doses of H-B-VaxII® (adult) vaccine <ul style="list-style-type: none"> • Minimum interval between dose 1 and dose 2 is 4 months
Newly arrived refugees and humanitarian entrants who are 20 years of age or older and have not received the schedule of catch-up vaccines required	H-B-VaxII® (adult)	0, 1 and 4 months
Adult risk groups for hepatitis B: <ul style="list-style-type: none"> • household or other (household-like) contacts • sexual contacts of persons who are HBsAg positive • newly arrived migrants (with a Medicare card) from hepatitis B endemic countries including most of East and Southeast Asia (except Japan), Pacific island groups, parts of central Asia and Middle East, the Amazon Basin and sub-Saharan Africa – refer to the online version of <i>The Australian Immunisation Handbook</i> for further information • Aboriginal and Torres Strait Islander people • Persons with chronic liver disease and/or hepatitis C • Persons who inject drugs 	H-B-VaxII® (adult)	0, 1 and 4 months

Source: Queensland Health

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Department of Health

Enquiries to: Karen Peterson
Manager Immunisation Program
Communicable Diseases Branch
Prevention Division
Telephone: 07 3328 9700
File Ref: CH013233

Dear Doctor / immunisation provider

I am writing to inform you about changes planned for VIVAS, the Queensland Department of Health's state-based immunisation register.

You will be aware that in October 2016, the Australian Childhood Immunisation Register (ACIR) was expanded to become a national whole-of-life register, now known as the Australian Immunisation Register (AIR). With the establishment of AIR, the Department of Health will no longer record duplicate immunisation data on VIVAS. However VIVAS will be retained for the purposes of vaccine ordering and distribution, and recording of cold chain breach information.

For many immunisation providers this change will have little to no impact on their immunisation reporting processes, however providers that currently report immunisation records to VIVAS will need to adopt AIR reporting procedures.

To assist immunisation providers with this change, the Department of Health will make available a suite of resources and offer workshops in collaboration with public health units. More information will be sent out from your public health unit and/or Primary Health Network about the workshops and where to access the resources.

In the meantime, if you are not familiar with AIR, I encourage you to visit the AIR website at www.humanservices.gov.au/health-professionals/services/medicare/australian-immunisation-register-health-professionals.

Thank you for your continued support of Queensland Health's Immunisation Program.

Yours sincerely

Dr Jeannette Young
**Chief Health Officer
and Deputy Director-General**
Prevention Division
02 / 08 / 2017

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