

Immunisation Program Update

From the manager

In this issue, we provide timely advice regarding the changes to the National Immunisation Program (NIP) schedule. From 1 July 2017 the oral rotavirus vaccine Rotarix[®] (given in a 2-dose schedule) will replace RotaTeq[®] (given in a 3 dose schedule).

Also in this issue, you will find information about the recently introduced meningococcal ACWY vaccination program and an update about the seasonal influenza vaccination program.

It is important for immunisation providers to keep up to date and ensure the NIP is delivered consistently across Queensland, however we realise that it is not always easy. We hope this publication helps to inform providers of NIP changes and contemporary immunisation issues.

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

immunisation@health.qld.gov.au

Karen Peterson
Manager, Immunisation Program

In this issue

From the manager.....	1
Rotavirus schedule changes.....	2
Seasonal influenza update.....	4
Meningococcal ACWY Vaccination Program.....	5
Immunisation for people from CALD backgrounds...5	
Zostavax.....	6

Rotavirus schedule changes

The oral rotavirus vaccine Rotarix[®] (given in a 2-dose schedule) will replace RotaTeq[®] (given in a 3 dose schedule) in Queensland, Western Australia, South Australia and Victoria from 1 July 2017.

After 1 July 2017, Rotarix[®] will be the only rotavirus vaccine used under the NIP in Australia.

This will provide consistency across the NIP, particularly for children moving from one jurisdiction to another during the course of immunisation. It is important to note that the rotavirus vaccine schedule is not included in the definition of fully vaccinated in relation to eligibility for Commonwealth family assistance payments.

Prior to the end of June, providers will receive an information pack containing:

- five copies of the new immunisation schedule
- clinical advice from the Australian Technical Advisory Group on Immunisation (ATAGI)
- rotavirus vaccine transition information (based on ATAGI clinical advice).

Providers are asked to refer to this information to ensure children are vaccinated appropriately.

The ATAGI advice is available at: [http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/3774DB55EC051D53CA258125001CA879/\\$File/ATAGI-Rota-Teq-Rotarix.pdf](http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/3774DB55EC051D53CA258125001CA879/$File/ATAGI-Rota-Teq-Rotarix.pdf)

The ATAGI advice recognises that, in the period after 1 July 2017, providers may have some, little or no stock of RotaTeq[®] available for use. Table 1 gives an overview of the transition schedule and Table 2 describes the scenario-based recommendations, incorporating upper age limits when there is limited or no availability of RotaTeq[®].

KEY POINTS

- ✓ Rotarix[®] and RotaTeq[®] vaccines have been used in Australia since July 2007. Both products have equivalent vaccine effectiveness and have led to a marked reduction in severe gastroenteritis cases in all Australian jurisdictions.
- ✓ Rotarix[®] dose 1 is given at 6 weeks (not less than 42 days) and dose 2 is due at 4 months of age. The main difference between Rotarix[®] age restrictions (compared to RotaTeq[®]) is that the 1st dose must be administered prior to 15 weeks of age and the 2nd dose prior to 25 weeks of age.
- ✓ The minimum interval between doses is 4 weeks.
- ✓ During the brand switch period, some infants may potentially receive fewer doses than routinely scheduled when using the RotaTeq[®] brand. The specific recommendations will vary depending on the age of the child and rotavirus vaccination history.
- ✓ Rotarix[®] vaccine will be delivered to immunisation providers during the last two weeks of June.
- ✓ Please look out for and updated Vaccine Order Form and a guide on how to administer oral Rotarix[®] in your initial order.



The following rotavirus vaccine transition tables are based on the ATAGI clinical advice:

Table 1. Overview of ATAGI's recommended rotavirus vaccine transition schedule from 1 July 2017.

Check the infant and the date of the last dose.
NOTE: Age cut-offs and minimum intervals between doses also apply as shown in Table 2 over page

Previous doses of RotaTeq [®] given	RotaTeq [®] available and Rotarix available ↓	RotaTeq [®] NOT available and Rotarix [®] available ↓
0	Do not commence RotaTeq [®]	Commence 2 dose Rotarix [®] schedule*
1	Give 2nd dose of RotaTeq [®]	Give 1 Rotarix [®] - No further doses required
2	Give 3rd dose RotaTeq [®]	No further doses required**

Table 2. Potential scenarios and recommended response during RotaTeq[®] to Rotarix[®] transition period for states and territories, 2017.

The scenarios in this table assume there is not availability of RotaTeq[®]

Options/Scenarios	Infant age	Recommended response	Comments
Infant has NOT had a dose of any rotavirus vaccine AND is →	a) 6–14 weeks b) ≥15 weeks	a) Commence 2-dose course of Rotarix [®] b) Too old to commence any rotavirus vaccination dose. Do not give any dose.	• Ensure minimum interval of 4 weeks between vaccine doses • Total of only 2 doses are needed to complete the course
Infant has been given 1 previous dose of RotaTeq [®] or Rotarix [®] AND is →	10–24 weeks	Give 1 dose of Rotarix [®]	
Infant has been given 2 previous doses of RotaTeq [®]		No more vaccine doses should be given	

Table 3. Potential error scenarios caused by the inadvertent administration of a rotavirus vaccine dose and recommended response¹

Options/Scenarios following inadvertent dose administration	Recommended response	Comments
Infant >14 weeks receives 1st dose of Rotarix [®]	Reassure and discuss minimally increased risk of intussusception. Provide information on symptoms/signs of intussusception and response ²	A second dose of Rotarix [®] can be given a minimum of 4 weeks later provided the child is still <25 weeks of age.
Infant >12 weeks receives 1st dose of RotaTeq [®]	Reassure and discuss minimally increased risk of intussusception. Provide information on symptoms/signs of intussusception and response ²	
Infant receives 3 doses of Rotarix [®]	Observe, reassure and discuss risk with parents	

Further information

The Australian Immunisation Handbook Chapter 4.17 Rotavirus (online)

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/content/Handbook10-home~handbook10part4~handbook10-4-17>

Seasonal influenza update

KEY POINTS

- ✓ Immunisation providers can now request influenza vaccine in their monthly orders.
- ✓ Immunisation providers are reminded that AfluriaQuad® is NOT registered for use in any person under 18 years of age.
- ✓ Only FluQuadri Junior® can be used for children aged 6 months to <3 years of age.
- ✓ Annual influenza vaccination is strongly recommended for children aged 6 months to <5 years as young infants and children under the age of 5 years are at increased risk for hospitalisation and increased morbidity and mortality following influenza.
- ✓ Only Indigenous children aged 6 months to <5 years and those children with medical risk factors which increase the risk of complications from influenza are funded for influenza vaccine.
- ✓ Please ensure that influenza vaccination data are sent to the Australian Immunisation Register.

Further information

- The overall pattern of notifications and percentage of positive tests from public laboratories in 2017 year to date is currently consistent with inter-seasonal influenza activity.
- The Statewide Weekly Influenza Surveillance Report has commenced for 2017 and is available on the influenza surveillance reporting webpage: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/flu>
- The Statewide Weekly Influenza Surveillance Report will be updated weekly between May and October.



Meningococcal ACWY Vaccination Program

The Meningococcal ACWY Vaccination Program is being implemented in response to increased notifications of meningococcal disease caused by meningococcal strains W and Y in Queensland and other states and territories during 2016.

Free meningococcal ACWY vaccination is being offered to:

- all Year 10 students through the School Immunisation Program in 2017; and
- people aged 15 to 19 years through their immunisation provider from June 2017 until May 2018.

The program has commenced via the School Immunisation Program and will be progressively implemented across the state for the remainder of term 2 and throughout term 3.


GPs can order meningococcal ACWY vaccine (Menveo® or Menactra®) in their usual monthly order.

More information about the Meningococcal ACWY Vaccination Program can be found on the Immunisation Program website at <https://www.qld.gov.au/health/conditions/immunisation/adolescents/index.html>

Please remember to report meningococcal ACWY vaccinations given in your clinic/practice. This vaccination should be reported to the Australian Immunisation Register (AIR) as **dose 1**.

MENACTRA® (Sanofi Pasteur)

- Each dose (0.5ml) of Menactra® vaccine contains meningococcal ACWY antigens.
- The vaccine is presented in a vial as a clear to slightly turbid liquid.
- To be administered by intramuscular injection.



Immunisation for people from culturally and linguistically diverse (CALD) backgrounds

On 7 April 2017, the Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP launched the Department of Health's *Refugee Health and Wellbeing: A Policy and Action Plan for Queensland 2017-2020* to guide appropriate service delivery and program responses.

There has been very little published research on immunisation issues and the needs of migrants from CALD backgrounds settling in Australia. An analysis of refugee immunisation data in 2015 by Metro South Hospital and Health Service Public Health Unit revealed some of the issues for refugees specifically including the often complex vaccination catch up schedules individuals require.

The *Queensland Health Immunisation Strategy 2017-2022* identifies people from CALD backgrounds, especially those in refugee resettlement programs as a key target population for immunisation. One of the specific actions is to ensure that people from CALD backgrounds have access to relevant information and appropriate vaccination services.

MENVEO® (GlaxoSmithKline)

- Requires reconstitution
- Each dose (0.5ml) of Menveo® is presented as a:
 - Vial containing the meningococcal A component as a white to off-white powder, and a
 - Vial containing the meningococcal CWY liquid as a clear solution
- Add the contents of the MenCWY vial to the MenA vial; shake the vial vigorously until the powder has dissolved.
- Following reconstitution the product should be used as soon as possible.
- To be administered by intramuscular injection.



The Communicable Diseases Branch is undertaking a scoping project to identify and assess the immunisation issues and needs of people from CALD backgrounds, particularly those in refugee resettlement programs.

A reference group involving key stakeholder representatives has been formed to provide advice to the Immunisation Program on the planning and implementation of the project. Organisations involved in the reference group are: Ethnic Communities Council, Queensland; Multicultural Affairs Queensland; Metro South Refugee Health Service and Refugee Health Connect.

The project commenced in May 2017. Perspectives on issues and needs for target populations will be sought from service providers and community representatives and a report is expected to be finalised mid-year 2018.

Zostavax[®]

Queensland Health has become aware of a significant number of episodes where a person has received 2 doses of Zostavax[®]. In many of these instances, both doses were given at the same practice.

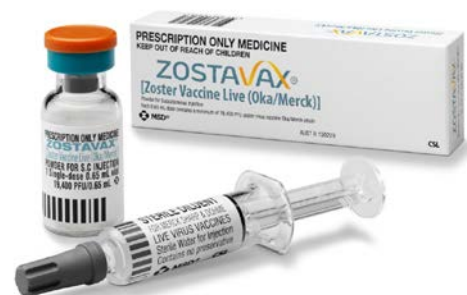
A **single** dose only of zoster vaccine is registered for adults ≥ 50 years of age, recommended for ≥ 60 years of age but **only** funded for adults 70 years of age who have not previously received a dose of zoster vaccine.

Reminder: The vaccine is funded for people aged 70 years with a 5-year catch-up period for those aged 71–79 years.

Please ensure that you **check the patient's previous immunisation history before administering** the vaccine.

You can check previous immunisation history in 2 places:

1. **If the patient is a regular client in your practice/clinic, please check their medical records.**
2. **If the person has not had a Zostavax[®] vaccination in your clinic/practice also check the Australian Immunisation Register (AIR) as a person may have been vaccinated by another provider. By checking AIR you may avoid giving an unnecessary Zostavax[®] vaccination. Use the AIR secure site to access a person's history online or call AIR on 1800 653 809.**



[Issue No.6](https://www.health.qld.gov.au/_data/assets/pdf_file/0025/650635/quip-news-17iss6.pdf) of The Update provided comprehensive advice and information about Zostavax[®]. To access this information again go to the webpage at: https://www.health.qld.gov.au/_data/assets/pdf_file/0025/650635/quip-news-17iss6.pdf

BE AWARE OF ERRORS WITH PRACTICE MANAGEMENT SOFTWARE

Practice management software programs can cause errors to occur on an individual's AIR record. We have become aware of some dose number recoding errors with downloads from ZEDMED™ for example. ZEDMED™ practice management software may sometimes send Menitorix® (given to children at 12 months of age) as dose number 4 to the Australian Immunisation Register (AIR), rather than dose number 1. This results in the child being flagged as overdue for dose 1 on AIR.

An individual's AIR record must be checked, verified and reconciled against practice records. If a record on AIR needs to be amended, an email can be sent through the AIR secure site. For instructions on how to send an email to AIR, refer to section 1.3 in the Queensland Health publication, *Immunisation records and data explained: a guide for immunisation providers*, April 2017 which is available online at www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/records. Alternatively you can telephone AIR on 1800 653 809 to discuss the matter and correct the record.

ARE YOUR VACCINES SAFE?

Ask yourself:

- Is your vaccine management protocol current and readily available for all staff to refer to?
- In an emergency, will your vaccine management protocol help you to know how to relocate your vaccine supply safely?
- Do you have new staff involved in immunisation? If so, have they been appropriately trained?
- Does your vaccine management protocol reflect any changes (e.g. new staff, new equipment, new vaccines) that have occurred in your practice?
- Is your vaccine refrigerator large enough to store all your publicly funded **and** private vaccines safely between +2° and +8°C?

Follow the national vaccine storage guidelines – “Strive for 5”, 2nd edition at www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/IMM77-cnt

If you have questions about your vaccine management protocol, talk to your local public health unit.