Covering

- What’s new
  - Influenza
  - Adolescent program
  - VPD
    - Pertussis
    - Measles
  - Vaccine Hesitancy
2015 Immunisation Week

The World Health Organization Western Pacific Regional Office has advised the theme for immunisation week is

‘Vaccination is everyone’s job. Protect your community’.

24 April – 1 May
## Immunisation schedule Victoria

**From March 2015**

<table>
<thead>
<tr>
<th>Age / School year</th>
<th>Disease</th>
<th>Vaccine brand</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hepatitis B</td>
<td>H-B-Vax II Paediatric</td>
<td>Give within 7 days of birth – preferably within 24 hours of birth</td>
</tr>
<tr>
<td>2 months</td>
<td>Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenza type b, Pneumococcal, Rotavirus</td>
<td>Infantix hexa</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenza type b, Pneumococcal, Rotavirus</td>
<td>Infantix hexa</td>
<td>Prevenar 13, RotaTeq</td>
</tr>
<tr>
<td>6 months</td>
<td>Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenza type b, Pneumococcal, Rotavirus</td>
<td>Infantix hexa</td>
<td>Prevenar 13, RotaTeq</td>
</tr>
<tr>
<td>12 months</td>
<td>Measles, mumps, rubella, Haemophilus influenza type b, meningococcal C</td>
<td>M-M-R II /Perto克斯</td>
<td>See increased risk category section</td>
</tr>
<tr>
<td>18 months</td>
<td>Measles, mumps, rubella, chickenpox</td>
<td>Perto克斯-Tetra ProQuad (supplied from July 2015)</td>
<td>Prior chickenpox infection is not a contra-indication to chickenpox vaccination</td>
</tr>
<tr>
<td>4 years</td>
<td>Diphtheria, tetanus, pertussis, poliomyelitis, Measles, mumps, rubella</td>
<td>Infantix IPV M-M-R II /Perto克斯</td>
<td>See increased risk category section</td>
</tr>
<tr>
<td>12-13 years or Year 7 Secondary school</td>
<td>Chickenpox</td>
<td>Verto克斯 / Varvax</td>
<td>Prior chickenpox infection is not a contra-indication to chickenpox vaccination 3 dose course</td>
</tr>
<tr>
<td>12-16 years or Year 7-10 Secondary school</td>
<td>Human papillomavirus</td>
<td>Gardasil</td>
<td></td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander people</td>
<td>Diphtheria, tetanus, pertussis</td>
<td>Boostvax</td>
<td>From 2016 this program will be offered only at 12-13 years or in Year 7 Secondary school</td>
</tr>
<tr>
<td>6 months to under 5 years</td>
<td>Influenza</td>
<td>Influenza</td>
<td>Influenza vaccine annually</td>
</tr>
<tr>
<td>From 15 years</td>
<td>Influenza</td>
<td>Influenza</td>
<td>Influenza vaccine annually</td>
</tr>
<tr>
<td>From 60 years</td>
<td>Pneumococcal</td>
<td>Pneumovax 23</td>
<td>See current edition, <em>The Australian Immunisation Handbook</em></td>
</tr>
<tr>
<td>50-69 years</td>
<td>Diphtheria, tetanus</td>
<td>ADT Booster</td>
<td></td>
</tr>
<tr>
<td>From 65 years</td>
<td>Influenza</td>
<td>Influenza Pneumovax 23</td>
<td>Influenza vaccine annually Single dose unless medically at risk</td>
</tr>
</tbody>
</table>

*Department of Health & Human Services*
Free vaccine Victoria – criteria for eligibility

March 2015

A person must reside in Australia and meet at least one of the following criteria to be eligible for free Victorian government supplied vaccine.

- Hold a Medicare card or be eligible to hold a Medicare card (if a person attends without their Medicare card vaccines can still be administered).
- Hold Australian citizenship.
- Hold a permanent visa or have applied for a permanent visa.
- All asylum seekers regardless of whether they hold a Medicare card are eligible for funded vaccine as per the following table.

Age appropriate free catch-up vaccines are supplied for vulnerable citizens who meet the criteria above. A vulnerable citizen is considered one who has experienced socioeconomic disadvantage, which compromised their equitable access to the vaccine during their period of eligibility. Vulnerable citizens can receive free catch-up vaccines based on an individual assessment by an immunisation provider. Vaccines should be administered according to age appropriate catch-up guidelines in the current edition of The Australian Immunisation Handbook.

Vaccines are not supplied for travel purposes.

Refer to the current Australian immunisation handbook for schedule and medical recommendations.

<table>
<thead>
<tr>
<th>Vaccine brand</th>
<th>Criteria for eligibility of free vaccine in Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT Booster</td>
<td>• 50 to 59 years of age (inclusive) a single booster dose</td>
</tr>
<tr>
<td></td>
<td>• Used from 10 years of age and over as part of a catch-up of the primary course</td>
</tr>
<tr>
<td>Bencard</td>
<td>• Years 7-10 in the secondary school program or 12 to 16 years of age outside of school</td>
</tr>
<tr>
<td></td>
<td>• 16 years of age and over, as a single dose, as part of the 3 dose dT primary course</td>
</tr>
<tr>
<td>Enanrix B (paediatric and adult formulations)</td>
<td>• Household contacts or sexual partners of people living with hepatitis B infection</td>
</tr>
<tr>
<td></td>
<td>• People who inject drugs or are on opioid substitution therapy</td>
</tr>
<tr>
<td></td>
<td>• People living with hepatitis C</td>
</tr>
<tr>
<td></td>
<td>• Man who have sex with man</td>
</tr>
<tr>
<td></td>
<td>• Prisoners and remandees</td>
</tr>
<tr>
<td></td>
<td>• People no longer in a custodial setting but who commenced but did not complete the vaccine course while in custody</td>
</tr>
<tr>
<td>Gardasil</td>
<td>• Year 7 in the secondary school program or 12 to 13 years of age outside of school</td>
</tr>
<tr>
<td></td>
<td>• Adolescent boys less than 16 years of age born on or after 31 December 2015 outside of school</td>
</tr>
<tr>
<td>H-B-Vax II Paediatric</td>
<td>• Infant at birth and within 7 days of birth</td>
</tr>
<tr>
<td></td>
<td>• 12 months of age booster dose if born less than 32 weeks gestation or less than 2000 g birth weight</td>
</tr>
<tr>
<td></td>
<td>• Catch-up to 9 years of age (inclusive)</td>
</tr>
<tr>
<td>Infanrix hexa</td>
<td>• 2, 4 and 6 months of age (from 6 weeks of age)</td>
</tr>
<tr>
<td></td>
<td>• Catch-up to 9 years of age (inclusive)</td>
</tr>
<tr>
<td>Infanrix IPV</td>
<td>• 4 years of age (from 3 years and 6 months of age)</td>
</tr>
<tr>
<td></td>
<td>• Catch-up single dose from 4 years and 1 month to 9 years of age (inclusive)</td>
</tr>
</tbody>
</table>
# Enhanced immunisation schedule Victoria

## Children from March 2015

<table>
<thead>
<tr>
<th>Age</th>
<th>Disease</th>
<th>Vaccine brand* (live vaccine)</th>
<th>Reconstitute</th>
<th>Site given</th>
<th>Route given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hepatitis B</td>
<td>H-B-Vax-II Paediatric</td>
<td>X</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td>Give within 7 days of birth, preferably within 24 hours of birth</td>
</tr>
<tr>
<td>2 months - give from 6</td>
<td>Diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Haemophilus influenzae type b</td>
<td>Infanrix hexa</td>
<td>✓</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>2 months - give from 6</td>
<td>Pneumococcal</td>
<td>Prevenar 13</td>
<td>X</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>2 months - give from 6</td>
<td>Rotavirus</td>
<td>RotaTeq*</td>
<td>X</td>
<td>Mouth</td>
<td>oral</td>
<td>Must be given before 13 weeks of age</td>
</tr>
<tr>
<td>4 months</td>
<td>Diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Haemophilus influenzae type b</td>
<td>Infanrix hexa</td>
<td>✓</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>Pneumococcal</td>
<td>Prevenar 13</td>
<td>X</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>Rotavirus</td>
<td>RotaTeq*</td>
<td>X</td>
<td>Mouth</td>
<td>oral</td>
<td>Give with an 8 week interval after dose 2 of Infanrix hexa, at minimum age of 24 weeks</td>
</tr>
<tr>
<td>6 months</td>
<td>Diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Haemophilus influenzae type b</td>
<td>Infanrix hexa</td>
<td>✓</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td>Give with an 8 week interval after dose 2 of Infanrix hexa, at minimum age of 24 weeks</td>
</tr>
<tr>
<td>6 months</td>
<td>Pneumococcal</td>
<td>Prevenar 13</td>
<td>X</td>
<td>Antero lateral thigh</td>
<td>IM</td>
<td>No dose if previous doses not given. Dose 3 must be given before 33 weeks of age</td>
</tr>
<tr>
<td>6 months</td>
<td>Rotavirus</td>
<td>RotaTeq*</td>
<td>X</td>
<td>Mouth</td>
<td>oral</td>
<td></td>
</tr>
<tr>
<td>From 6 months of age</td>
<td>Influenza</td>
<td>Vaxigrip/Fluarix</td>
<td>X</td>
<td>Antero lateral thigh &lt; 12 months of age</td>
<td>SC/IM</td>
<td>Annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of one month apart. Give 0.25ml from 6 months to under 3 years of age. DO NOT use bioCSL Fluvax® under 5 years and preferably not from 5 to less than 9 years of age</td>
</tr>
</tbody>
</table>
Immunisation newsletter

Issue 74. April 2015

Did you know?

The Victorian Government has committed to provide pertussis-containing vaccine free to all expectant parents. At present a prescription from a doctor is required. For optimal protection, pertussis-containing vaccine is recommended for pregnant women in their third trimester and their partners, or as soon as possible after the birth. Vaccine supply is constrained and the Department of Health and Human Services is currently seeking suppliers. When a supply of vaccine has been secured the program will commence. This may take up to six months. Immunisation providers will be notified in advance of the free pertussis vaccine program commencing.

Free vaccine Victoria – criteria for eligibility is an on-line information sheet that sets out who is eligible for the government supplied free vaccine. In Victoria, age appropriate free catch-up vaccines are supplied for vulnerable citizens who meet the criteria. A vulnerable citizen is considered one who has experienced socioeconomic disadvantage, which compromised their equitable access to the vaccine during their period of eligibility. Vulnerable citizens can receive free catch-up vaccines based on an individual assessment by an immunisation provider. To find out more, download the criteria at <www.health.vic.gov.au/immunisation/free-vaccine.htm>.

The World Health Organization Western Pacific Regional Office has advised that the 2015 Immunisation Week will be the last week of April. The theme is “Vaccination is everyone’s job. Protect your community”. How can you contribute?

New laws, coming into effect in 2015, will stipulate that children who are not fully vaccinated for their age will not be able to enrol in early childhood services unless they have an approved exemption for a medical reason, or their parents have a conscientious objection. Read inside for more information.

To promote influenza vaccine at your health service, access the resources at The Immunisation Australia website <immunise.health.gov.au/internet/immunise/publishing.nsf/Content/resource-menu>. Resources include posters and fact sheets for the immunisation provider and for consumers, including Aboriginal and Torres Strait Islander people and people from non-English speaking background.

In this issue:

- Eligibility for free annual influenza vaccine
- Free influenza vaccine for Aboriginal and Torres Strait Islander children
- Vaccines for Aboriginal and Torres Strait Islander people
- Encouraging Aboriginal and Torres Strait Islander people to self-identify
- Two strain changes in influenza vaccine – advice for immunocompromised people
- Healthcare worker influenza vaccination coverage
- Resources for promoting influenza vaccine
- Pneumovax® 23 vaccine – free for eligible healthy adults
- Vaccines for adolescents in and out of school
- Boostrix® vaccine transitions to Year 7
- Free Gardasil® for adolescent boys and girls
- Dose these HPV vaccine coverage for 13 year-old girls
- The HPV Register – not all doses counted
- Pertussis – a case study
- Changes to ACIR reports to assist identification of due and overdue children
- Vaccination and immunisation – changes for early childhood services
- Primary school enrolment – immunisation status certificates
- Changes to the definition of ‘fully immunised’ for childhood coverage rates
- Strive for 95 per cent childhood vaccine uptake
- Government supplied vaccine order forms
- Vaccines and chain of custody
- Which limb will I use?
- New resource – Enhanced immunisation schedule
- Multilingual talking books
- Managing light sensitive vaccines
- Australian Technical Advisory Group on Immunisation
- Get the facts about Zoster vaccine

Further reading
Adolescent program

- So for 2016 in school
- Boostrix® - dTpa
- Gardasil® - HPV
- Varilrix/Varivax – Varicella (will end in 2017)

- Aboriginal & Torres Strait Islanders from 15 years - influenza vaccine and for at risk Pneumovax 23® - pneumococcal vaccine
- Immune Hero website (brilliant!)

www.immunehero.health.vic.gov.au
<table>
<thead>
<tr>
<th>Age in months</th>
<th>Total State coverage</th>
<th>State Indigenous</th>
<th>Total Australia coverage</th>
<th>Vic Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 - &lt;15</td>
<td>90.4%</td>
<td>86.9%</td>
<td>90.6%</td>
<td>6</td>
</tr>
<tr>
<td>24 - &lt;27</td>
<td>87.9%</td>
<td>83.6%</td>
<td>87.5%</td>
<td>3</td>
</tr>
<tr>
<td>60 - &lt;63 (5 years)</td>
<td>92.6%</td>
<td>93.6%</td>
<td>92.1%</td>
<td>Equal 2</td>
</tr>
<tr>
<td>72 - &lt;75 (6 years)</td>
<td>94.2%</td>
<td>97.2%</td>
<td>93.4%</td>
<td>2</td>
</tr>
<tr>
<td>Provider split</td>
<td>GP 56%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local council 42%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From 31 December 2014, coverage assessment includes cohort 1: Pneumococcal 3 & cohort 2: Men C, MMR 2, V.
Additional vaccines reflected in ACIR coverage reports:

- **12-<15 month cohort**
  - Pneumococcal (dose 3)

- **24-<27 month cohort**
  - Meningococcal C (dose 1)
  - Varicella (dose 1)
  - MMR (dose 2 instead of dose 1)

- **60-<63 months**
  - MMR (dose 2) will be removed quarter ending December 2017
Definition of ‘fully immunised’
ACIR – 31 December 2014

12-<15 month cohort
DTP, IPV, Hib, HepB, Pneumococcal - dose 3
MMR - Not assessed

24-<27 month cohort
DTP, IPV, HepB - dose 3
Hib - dose 4
MMR - dose 2
Men C - C dose 1
Varicella - dose 1

60-<63 month cohort
DTP, IPV, - dose 4
MMR - dose 2
Hib - Not Assessed
Hep B - Not Assessed
Immunisation Coverage

Coverage report
- 31 March
- 30 June
- 30 September
- 31 December

Children included
- Cohort 1: 12-15 months (2, 4, & 6 month encounters)
- Cohort 2: 24-27 months (2, 4, 6 & 12 month encounters)
- Cohort 3: 60-63 months (2, 4, 6, 12, 18 month and 4 years)

Calculation method:
- Immunisation status of a child is assessed according to the NIP and the National Due & Overdue rules. Immunisation coverage is determined by the department of Health. All antigens included in the NIP are currently included in coverage calculations except Rotavirus.
How many brands of vaccines on the current childhood NIP need reconstitution?
Currently 7 Brands

- Infanrix hexa®
- M-M-RR II ®
- Mentorix ®
- Priorix ®
- Priorix-Tetra ®
- Varivax ®
- Varilrix ®
ProQuad

- ProQuad - MMRV alternative brand from July 2015
- will need to be reconstituted and watch for official notification (probably June DHHS newsletter) regarding effectiveness time once reconstituted
Table 2.1.8: Catch-up schedule for *Haemophilus influenzae* type b (Hib) vaccination for children <5 years of age

<table>
<thead>
<tr>
<th>Number of Hib doses given previously</th>
<th>Current age</th>
<th>Age when previous dose(s) of Hib vaccine given</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
</tr>
<tr>
<td>No previous doses</td>
<td>&lt;7 months</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>7–11 months</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>12–15 months</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>16–59 months</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>1 previous dose</td>
<td>&lt;7 months</td>
<td>&lt;7 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>7–11 months</td>
<td>&lt;7 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>7–11 months</td>
<td>&lt;7 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>12–15 months</td>
<td>&lt;12 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>16–59 months</td>
<td>&lt;12 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>≥12 months</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>2 previous doses</td>
<td>&lt;12 months</td>
<td>&lt;12 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>7–11 months</td>
<td>7–11 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>≤12 months</td>
<td>&lt;12 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>7–11 months</td>
<td>7–11 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>12–15 months</td>
<td>12–15 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>Any age</td>
<td>≥16 months</td>
<td>–</td>
</tr>
<tr>
<td>3 previous doses</td>
<td>7–11 months</td>
<td>Any age</td>
<td>Any age</td>
</tr>
<tr>
<td></td>
<td>12–59 months</td>
<td>&lt;7 months</td>
<td>&lt;12 months</td>
</tr>
<tr>
<td></td>
<td>≤12 months</td>
<td>&lt;12 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>12–15 months</td>
<td>12–15 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>7–11 months</td>
<td>7–11 months</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>≥16 months</td>
<td>Any age</td>
<td>Any age</td>
</tr>
</tbody>
</table>

* Recommendations for vaccination of haematopoietic stem cell transplant (HSCT) recipients differ; see Table 3.3.5 Recommendations for revaccination following haematopoietic stem cell transplant (HSCT) in children and adults, irrespective of previous immunization history.

† This column lists the number of further primary doses that should be scheduled for the child, based on their current age. The recommended interval between primary doses for catch-up is 1 month. Where possible, it is recommended to schedule the required remaining primary doses to be given prior to 12 months of age. If there are further delays in the scheduled catch-up primary dose(s), the number of doses required should be checked again against the child’s age at each presentation.

‡ This column lists the number of booster doses that should be scheduled for the child, based on their current age. Booster doses are to be given at age 12 months or 2 months after the last dose of Hib vaccine, whichever is later.

§ One less dose is required if PRP-OMP is to be used for the entire primary course, or if PRP-OMP has already been given for all previous doses. If PRP-T has been given as one or more of the doses in the primary course, plan for the number of doses as specified in this table. PRP-OMP is the Hib formulation contained in Liquid PentaxHIB. PRP-T is the Hib formulation contained in the other Hib-containing vaccines: ACT-Hib, Hibrix, Infanrix hexa, Meningitis and Pedacel.

¶ A booster dose is not needed if the last previous dose was given at ≥16 months of age.

# This booster dose is not required if PRP-OMP was used for both the 1st and the 2nd (primary) doses of Hib vaccine in infancy, since the 3rd dose of Hib vaccine received at age 12–15 months would have served as the booster dose for these children.
Melbourne Vaccine Education Centre (MVEC) a new web-based initiative, providing up-to-date immunisation information for healthcare professionals, parents and the public.

It is a collaboration between the Melbourne Immunisation Services [The Royal Children's Hospital (Parkville) & Monash Health (Clayton)]; the Murdoch Children's Research Institute and The University of Melbourne.

Improving immunisation coverage rates

Immunise Australia
ACIR Reports/Statements
General Practice

Practice statements
• Immunisation payment statement - monthly ACIR001A - Number of children registered with ACIR

ACIR reports
• ACIR002A - Number (or percentage) of children who have received valid vaccinations
• ACIR010A - Due/overdue immunisation practice report
• ACIR011B - Due / overdue report by provider
• ACIR021A - Due / overdue report
General Practice Systems

➤ **Daily/Weekly**
  - Timely data delivery
  - Quality data entry

➤ **Monthly**
  - Check immunisation payment statement
  - Clarify rejected encounters (code)-
  - Recall/reminder letters/SMS/Birthday cards to parents/carers

➤ **Quarterly**
  - ACIR Secure Web site
  - Check data base/client and correct any data errors.
  - Follow-up any over due
Monthly ACIR Statement

Immunisation payment statement
For: January 2014

This statement contains information about your monthly Australian Childhood Immunisation Register (ACIR) information payments calculated using information recorded on the ACIR.

Processing details
Total encounters included in this statement: 6
Number of encounters returned for clarification: 0

Payment details
4 information payments
Total payment: $123.45

More information
If you have any questions about this statement, please contact us on 1800 653 809.
Reporting to ACIR

- ACIR via Medicare online
- Online via Portal

- Local Government
  - IMPS or other council software
  - Online via portal
### Reporting other information to ACIR

<table>
<thead>
<tr>
<th>Information</th>
<th>Method of reporting to ACIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal &amp; Torres Strait Islander Status</td>
<td>Identify using practice software- ACIR will be notified through electronic transfer process.</td>
</tr>
<tr>
<td>Immunisation by another provider</td>
<td>Immunisations that the child has been given, either in Australia or overseas, should be reported to the ACIR. This information can be reported using the (purple) ACIR Immunisation History Form or the secure web site portal. h</td>
</tr>
<tr>
<td>Vaccine Refuses</td>
<td>This can be submitted via fax on the form: <a href="http://www.humanservices.gov.au/healthprofessionals/forms/immu12">http://www.humanservices.gov.au/healthprofessionals/forms/immu12</a></td>
</tr>
<tr>
<td>Medical Contraindication</td>
<td>This can only be submitted manually: <a href="http://www.humanservices.gov.au/health-professionals/forms/immu11">http://www.humanservices.gov.au/health-professionals/forms/immu11</a></td>
</tr>
<tr>
<td>Natural Immunity</td>
<td>No longer necessary to report as 18 month encounter still MMRV</td>
</tr>
<tr>
<td>Deceased child</td>
<td>This can be submitted in writing on practice letter head with the GP providers’ signature.</td>
</tr>
</tbody>
</table>

ACIR- 11B report
Reducing Data Entry Errors

- Update practices software when upgrades available.
- Select correct vaccine name
- Multivalent vaccines select combination option
- No free text, “drop down box”
- Use “whole of life” box if available.
- Accurate vaccine batch number recording
- Vaccines recorded in software linked to provider
Incentive payments to immunisation providers

The Australian Government will provide incentives to immunisation providers to encourage them to follow up on children who are overdue for vaccinations.

From 1 July 2016, immunisation providers, including doctors, will receive an incentive payment each time they identify a child in their practice who is overdue for vaccination and call them in for catch up vaccines. This will recognise immunisation providers’ efforts to improve coverage rates, particularly in low coverage regions where there are more overdue children.

A payment will be made if a child was previously more than two months overdue for vaccination and has been subsequently caught up. $6 will be paid for each childhood schedule point caught up, a potential $36 if a child requires catch up for the full childhood schedule.

This is in addition to the notification payment immunisation providers currently receive.

New initiative to understand the current coverage of vaccines in adolescents.

The National HPV Vaccine Register will expand to become an ‘Australian School Vaccination Register’ for all adolescent vaccines given through school-based programs.

This will mean that adolescent vaccinations delivered nationally in schools as part of the National Immunisation Program will be captured by the new, expanded register, including vaccinations for diphtheria, tetanus and pertussis (whooping cough), Human Papillomavirus (HPV) vaccine and varicella (chicken pox).

The Australian School Vaccination Register will be operational in the 2017 school year.

Families will be able to access an immunisation history record of all National Immunisation Program vaccinations given to their child in school.
No Jab no Pay (or play)

➢ Opinions in the room?
Influenza
2015 seasonal influenza vaccine

- 2015 southern hemisphere trivalent seasonal influenza vaccine:
  - A/California/7/2009 (H1N1)-like virus,
  - A/Switzerland/9715293/2013 (H3N2)-like virus
  - B/Phuket/3073/2013-like virus

- As 2015 trivalent vaccine differs from the 2014 seasons trivalent vaccine it is especially important for those who are at risk to be vaccinated
Influenza

- Late start to the influenza vaccination season is leaving around six weeks to get vaccinated before winter
- Influenza cases already at significantly higher levels than this time last year.
- Know your at risk groups
Eligible groups for free influenza vaccine

- From 2015 under the NIP the influenza vaccine will be provided free for all Aboriginal and Torres Strait Islander children aged six months to five years (and 15 years and older)
Eligible groups for free influenza vaccine

- people aged 65 years and older
- pregnant women, at any time during their pregnancy
- any person over six months of age with a condition predisposing them to severe influenza illness requiring regular medical follow-up or hospitalisation, including children aged six months to 10 years undergoing long-term aspirin therapy
Eligible groups for free influenza vaccine

- cardiac disease
- chronic respiratory conditions
- immunocompromising conditions
- diabetes and other metabolic disorders
- chronic neurological conditions
- renal disease
- haematological disorders
- Down syndrome and fall under one of the above categories
- obesity defined as a body mass index (BMI) = 40 kg/m² and fall under one of the above categories
- chronic liver disease and fall under one of the above categories
- residents of aged care facilities and long-term residential care facilities and fall under one of the above categories
<table>
<thead>
<tr>
<th>Year</th>
<th>Reported</th>
<th>Data error</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>266</td>
<td>222</td>
<td>44</td>
</tr>
<tr>
<td>2014</td>
<td>199</td>
<td>164*</td>
<td>34</td>
</tr>
</tbody>
</table>

*1 unknown

In the 2013 and 2014 there were no adverse events reported to the TGA associated with administration of bioCSL’s Fluvax® vaccine to children under five years of age.
Reasons for giving Fluvax to under 5 years

- 20 (58.82%) – aware of restriction, vaccine mistakenly administered
- 8 (23.53%) – unaware of restriction
- 4 (11.76%) – reason not provided
- 2 (5.88%) – a conscious decision (GP discussed with the parent prior to administering bioCSL’s Fluvax® vaccine).
<table>
<thead>
<tr>
<th>Vaccines given by minor staff categories (n* = 88)</th>
<th>% Proportion vaccinated</th>
<th>% Proportion refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied staff</td>
<td>71.5</td>
<td>6.7</td>
</tr>
<tr>
<td>Lab staff</td>
<td>66.7</td>
<td>13.7</td>
</tr>
<tr>
<td>Medical staff</td>
<td>68.6</td>
<td>4.8</td>
</tr>
<tr>
<td>Nursing staff</td>
<td>68.9</td>
<td>10.6</td>
</tr>
<tr>
<td>Other staff</td>
<td>65.7</td>
<td>12.3</td>
</tr>
<tr>
<td>Category C staff</td>
<td>68.2</td>
<td>13.2</td>
</tr>
<tr>
<td><strong>Aggregate</strong></td>
<td><strong>72.2</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

* Public hospital only VICNISS 1/3-31/7/14
Two influenza vaccinations are needed in the first year (give 4 weeks apart)

- for children 6 months to under 9 years
  - (changed from under 10 years ATAGI statement Feb 2015)
  - Immunocompromised persons (2 doses also recommended when strain change)

There is a small increased risk of fever with the co-administration of influenza and Prevenar 13 vaccines to children 12 to 23 months. To minimise the risk of fever give with at least three days between each vaccine
Influenza resources

- Immunise Australia (new website)  


- NCIRS influenza fact sheet

Pertussis
The Pertussis Chapter, 4.12, of the 10th Edition of the Australian Immunisation Handbook has been updated

- a DTPa (diphtheria, tetanus, pertussis) booster at age 18 months to reduce pertussis notifications in the 1 – 3 year age group and to reduce transmission to younger siblings

- a preference for pertussis vaccination (the reduced content dTpa formulation) in pregnant women (third trimester) to improve protection against pertussis in young infants
Key messages

• From 1 June 2015 the Department of Health & Human Services is funding pertussis (whooping cough) vaccine for all pregnant women from 28 weeks gestation. This provides two-for-one protection with the mother passing antibodies to the baby in-utero.

• The following groups will become eligible for free pertussis vaccine from 1 June 2015:
  - pregnant women from 28 weeks gestation during every pregnancy
  - partners of women who are at least 28 weeks pregnant if the partner has not received a pertussis booster in the last ten years
  - parents/guardians of babies born on or after 1 June 2015, if their baby is under six months of age and they have not received a pertussis booster in the last ten years

• Prepare to implement the new pertussis program from 1 June 2015.

• Continue to offer government funded influenza vaccine to pregnant women during any trimester of pregnancy.
Pertussis notifications
Pertussis notifications

Notified cases of pertussis by month and age group, Victoria, 1 Jan 2010 to 20 Jan 2015

- 25+ cases
- 18 to <25 cases
- 15 to <18 cases
- 5 to <15 cases
- 1 to <5 cases
- <1 cases

Department of Health
Pertussis

- 2008 - 1673
- 2009 - 3740
- 2010 - 7002
- 2011 - 8812
- 2012 - 4535
- 2013 – 2926
- 2014 - 4616

- 79 cases < 6 months, 25 of these < 2 months
Pertussis

- In infants younger than 12 months of age who get pertussis, more than half must be hospitalized.

- Hospitalization is most common in infants younger than 6 months of age. Of those infants who are hospitalized with pertussis approximately:
  - 50% will have apnoea
  - 20% get pneumonia
  - 1% will have seizures
  - 1% will die
  - 0.3% will have encephalopathy (as a result of hypoxia from coughing or possibly from toxin)
Measles
Measles

- Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.
- In 2012, there were 122,000 measles deaths globally – about 330 deaths every day or 14 deaths every hour.
- Measles vaccination resulted in a 78% drop in measles deaths between 2000 and 2012 worldwide.
- In 2012, about 84% of the world's children received one dose of measles vaccine by their first birthday through routine health services – up from 72% in 2000.
- Since 2000, more than 1 billion children in high risk countries were vaccinated against the disease through mass vaccination campaigns — about 145 million of them in 2012.

Notified cases of measles by year, Victoria, 1 Jan 1997 to 31 Dec 2011.
Measles

- 2014 Victoria had 75 notified cases of measles
- 7 ‘outbreaks’ involving 40 cases
- 27 cases single sporadic overseas acquired cases
- 8 single sporadic cases source unknown
## Vaccination status of measles cases 2014

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully vaccinated for age</td>
<td>6</td>
</tr>
<tr>
<td>Not applicable</td>
<td>5</td>
</tr>
<tr>
<td>Not vaccinated</td>
<td>34</td>
</tr>
<tr>
<td>Partially vaccinated for age</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>23</td>
</tr>
<tr>
<td><strong>Annual Total</strong></td>
<td><strong>75</strong></td>
</tr>
</tbody>
</table>
Tetanus case

- Case of tetanus in an 85 yr old female was notified to the Dept of Health in Feb 2010
- Hospitalised in a rural hospital following a fall in the garden
- Fractured R radius and laceration to lower limbs and R facial area
- Boostrix® provided in hospital, discharged 2 days later
Tetanus

- **Day 3:** GP attendance following R facial droop – Bell’s palsy; CT normal
- **Day 9:** Admitted to different rural hospital unable to close eye, move tongue, swallow, eat
- **Day 12:** transferred to metropolitan Melbourne hospital with lockjaw, intermittent spasms of trachea
- **Day 17:** Tetanus immunoglobulin given
- Very slow improvement
- Vaccination status unable to be ascertained
As of 1 Jan 2015 You do not need to complete a vaccine cold chain breach report form for the following heat excursion such as a power outage event:

- **Vaccine that is exposed, on a *single occasion*, to heat with a temperature of less than 25 °C for less than 6 hours.**

- **However the following actions are required:**
  - Determine the cause of the breach and where possible, address this to reduce the risk of the event reoccurring.
  - The date and duration of the breach and any actions taken should be recorded.
  - The vaccine exposed to a single event breach must be identifiable in the event the same vaccine is breached a second time therefore mark it with a pen.
Percentage of parents recording Conscientious Objection to vaccination in Australia, 1999-2012
Refusers
Decline all vaccines

Late or selective
Cherry pick
Seek out information

Hesitant
Will vaccinate
Have significant concerns
May become late/selective

Cautious acceptors
Vaccinate despite minor concerns
“Hope and pray” nothing goes wrong

Unquestioning acceptors
No questions or concerns

“I didn’t want to put anything unnatural in him”

“As a Mama I practice breastfeeding, baby sign, selective, delayed vaccinating, and elimination communication

“I was in two minds. I did get Leo vaccinated within the recommended time frame”

Leask et al 2012
Top vaccine safety concerns

- “Vaccines may weaken or overwhelm the immune system”
- “Children get too many vaccines by age 2”
- “Vaccines may cause auto-immune disorders”
- “Vaccines may contain ‘toxic’ ingredients that harm children”
- “Children get too many vaccines at the one visit”
- “Vaccines may cause autism”
Parents and health professionals

Vaccination concerns in NSW parents, 2004

- "Children get too many vaccines in the first two years of life" (
  - Agree
  - Unsure
  - Disagree
)

- "Immunisations weaken the immune system"

Vaccine concerns in regional NSW providers, 2006

- "Children get too many vaccines in the first two years of life" (Agree
  - Unsure
  - Disagree
)

- "Concurrent immunisation might overload immune system"

Source: Unweighted analysis, data from NSW Health Survey 2004, unpublished.

For parents (and some providers)
MMR vaccine decision aid
ncirs.edu.au
Collaboration with University of Leeds, UK

Potential risks in a group of 100 children under 5 years of age who get measles

Most children will have the common and usually mild (in green) symptoms of measles e.g. fever, cough, runny nose, red, painful eyes, rash. Some may have more than one of these symptoms at the same time.

26 in 100 may have moderate (in yellow) symptoms
- 12 may have diarrhoea
- 14 may get an ear infection

Potential risks in a group of 100 children who have the MMR vaccine

Most will have common and usually mild (in green) symptoms of the MMR vaccine e.g. pain or swelling at the injection site, joint pain and stiffness. Some may have more than one of these symptoms at the same time.

14 in 100 may have moderate (in yellow) symptoms
- 4 may have high fever
- 4 may be irritable
- 1 may have swelling of salivary glands
- 5 may have a non-infectious faint red rash
For providers (and some parents)

FactSheet

Homoeopathy and vaccination

Also information from S/T
Communicating with parents about vaccination: a framework for health professionals

Julie Leask¹, Paul Kinnersley², Cath Jackson³, Francine Cheater⁴, Helen Bedford⁵ and Greg Rowles⁶
<table>
<thead>
<tr>
<th>Parental position</th>
<th>Key indicators</th>
<th>Goal</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unquestioning acceptors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cautious acceptors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hesitant</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Selective/delayed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Refusers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tailored strategies informed by:

- Motivational interviewing
- Shared decision making
- Principles of valid consent

Goal
- Child vaccinated and parent accepts decision
- This group may need most time

Strategies
- Use guiding style
- Elicit concerns
- Avoid righting reflex
- Communicate risks with words and numbers
- Use decision aids and other quality information tools
- Book another appointment to re-visit discussion
The hesitant parent

- Key indicators
  - Present for another reason
  - Vaccination topic may have to be raised
  - Child is partially or completely unvaccinated

- Goals
  - Prepared to think about vaccination and return for further discussion
  - Feels concerns heard
  - Parent is aware of the risks

- Strategies
  - Ask permission to discuss
  - Determine readiness for change
  - Ask about importance and confidence
  - Offer attendance at AEFI clinic
  - Discuss other ways to minimise harm of infection
  - Aim to keep discussion brief but leaving door open
  - Avoid coercion
Dialogue with unquestioning or cautious acceptor parent

Dialogue with the hesitant parent

Dialogue with the vaccine refusing parent

Sample dialogue illustrating strategies:

Health professional: Do you mind if we take a moment to talk about Oliver’s vaccinations?

Mother: Ah, yes, we did some research into it and decided not to vaccinate him.

Health professional: OK, can I just talk it through so I understand your decision?
Myths and Realities

- Intended audience – providers
- Likely audience – some providers and a few hesitant parents

2. ‘Vaccines can cause diabetes’

The Facts

There is no evidence that vaccines cause diabetes. Worldwide, there has been much research that has searched for a link between diabetes and immunisations.
Is this still the best format?

- Debunking myths may reinforce them
- for a substantial chunk of people, the "negation tag" of a denial falls off with time


Skurnik et al 2007
Presented CDC flyer
“Flu vaccine facts and myths”
30 minutes later subjects identified 15% of myths as true and 2% of facts as false. Less favourable towards flu vaccine

97 out of 100 climate experts agree humans are causing global warming.

Several independent surveys find 97% of climate scientists who are actively publishing peer-reviewed climate research agree that humans are causing global warming.

On top of this overwhelming consensus, National Academies of Science from all over the world also endorse the consensus view of human caused global warming, as expressed by the Intergovernmental Panel on Climate Change (IPCC).

However, movements that deny a scientific consensus have always sought to cast doubt on the fact that a consensus exists. One technique is the use of fake experts, citing scientists who have little to no expertise in the particular field of science.

For example, the OISM Petition Project claims 31,000 scientists disagree with the scientific consensus on global warming.

However, around 99.9% of the scientists listed in the Petition Project are not climate scientists. The petition is open to anyone with a Bachelor of Science or higher and includes medical doctors, mechanical engineers and computer scientists.
Intended target audience – consumers

Likely target audience – scientifically literate consumers, health professionals, science advocates, students

NCIRS evaluation planned for parents
- Pre- and post- survey
- In-depth interviews

Refusers
Late or selective
Hesitant
Cautious acceptors
Unquestioning acceptors
MMR decision aid - effective

- "Leaning towards MMR immunisation" 39% to 55% (Wallace C, Leask J, Trevena L, BMJ 2006)

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Acknowledgments

- Immunisation Program – DHHS
- Immunise Australia program

- Michelle Wills and others whose presentations I have plagiarised

- Julie Leask, Margie Danchin and NCIRS