

Immunisation Program Update

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From the Manager

Queensland's childhood immunisation rates have been consistently high in recent years and closely aligned with national rates. Whilst improving rates towards 95 per cent coverage is our goal, maintaining the current high rates is also an important outcome requiring commitment and effort from all involved in childhood immunisation in Queensland. In this issue we look at recent trends in Queensland's childhood immunisation rates.

With Queensland's recent increase in measles notifications (page 2) we remind all immunisation providers that **MMR vaccine** in Queensland is **FREE for anyone born during or since 1966** who does not have a documented history of two MMR doses. This is particularly important for anyone travelling to countries currently experiencing a measles outbreak.

See information about recent changes to the *Australian Immunisation Handbook* advice about meningococcal vaccines and changes to the *National Vaccine Storage Guidelines: Strive for 5* in this issue.

Finally, make sure orders for funded vaccines are submitted in time for delivery prior to the Christmas closure period. See page 8 for details.

On behalf of the Immunisation Program team, I wish you a festive holiday season.

Scott Brown
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Measles outbreak

Queensland is currently experiencing a measles outbreak, with 64 confirmed cases state-wide as of 28 November 2019. Metro South Hospital and Health Service (MSHHS) has been particularly affected with 26 of these cases since 7 October 2019. Most cases within MSHHS have been epidemiologically linked to travellers recently returned from New Zealand and other Pacific islands, and as a result, the majority of the cases are within communities that originate from these areas.

Queensland Health's response to the Metro South outbreak to date has included:

- contact tracing many people potentially exposed to measles
- disseminating communications to hospitals, general practitioners (GP), local governments, schools and Primary Health Networks
- organising and operating targeted immunisation clinics
- notifying individuals in high-risk areas who do not have two doses of measles-containing vaccine recorded on the Australian Immunisation Register (AIR) that they may be at risk.

Queensland Health's state-wide advice is:

- Anyone travelling to, or hosting travellers from, countries currently experiencing an outbreak should check their immunisation status and be vaccinated, if required.
- People should be alert for symptoms and seek medical advice early, especially if measles immunisation status is unknown.
- People are reminded that early symptoms of measles are flu-like, including fever; runny nose; tiredness and; sore, red eyes, followed by a blotchy red rash. Symptoms usually start around 7 to 10 days after contact with a person with measles but sometimes longer.
- Anyone who develops measles-like symptoms within a fortnight of contact with a confirmed case should contact their GP for advice.
- People who suspect they have measles are encouraged to call the GP practice or hospital emergency department before going in, so as not to spread the infection to others in the waiting area.
- Health professionals are encouraged to opportunistically check all patients' immunisation status on AIR and vaccinate as required.
- **Persons eligible for free MMR vaccine** under the Queensland Immunisation Schedule are:
 - ✓ **Children at 12 months of age (MMR) and 18 months of age (MMRV vaccine).**
 - ✓ **Adolescents from 10 to 19 years of age who have not previously received two doses.**
 - ✓ **Refugees and other humanitarian entrants aged 20 years and over who have not received two doses.**
 - ✓ **Anyone born during or since 1966 who does not have a documented history of two doses.**

For assistance in decision-making regarding measles vaccination consult the National Centre for Immunisation Research and Surveillance Catch-Up Guide:
<http://ncirs.org.au/measles-vaccination-catch-up-guide>

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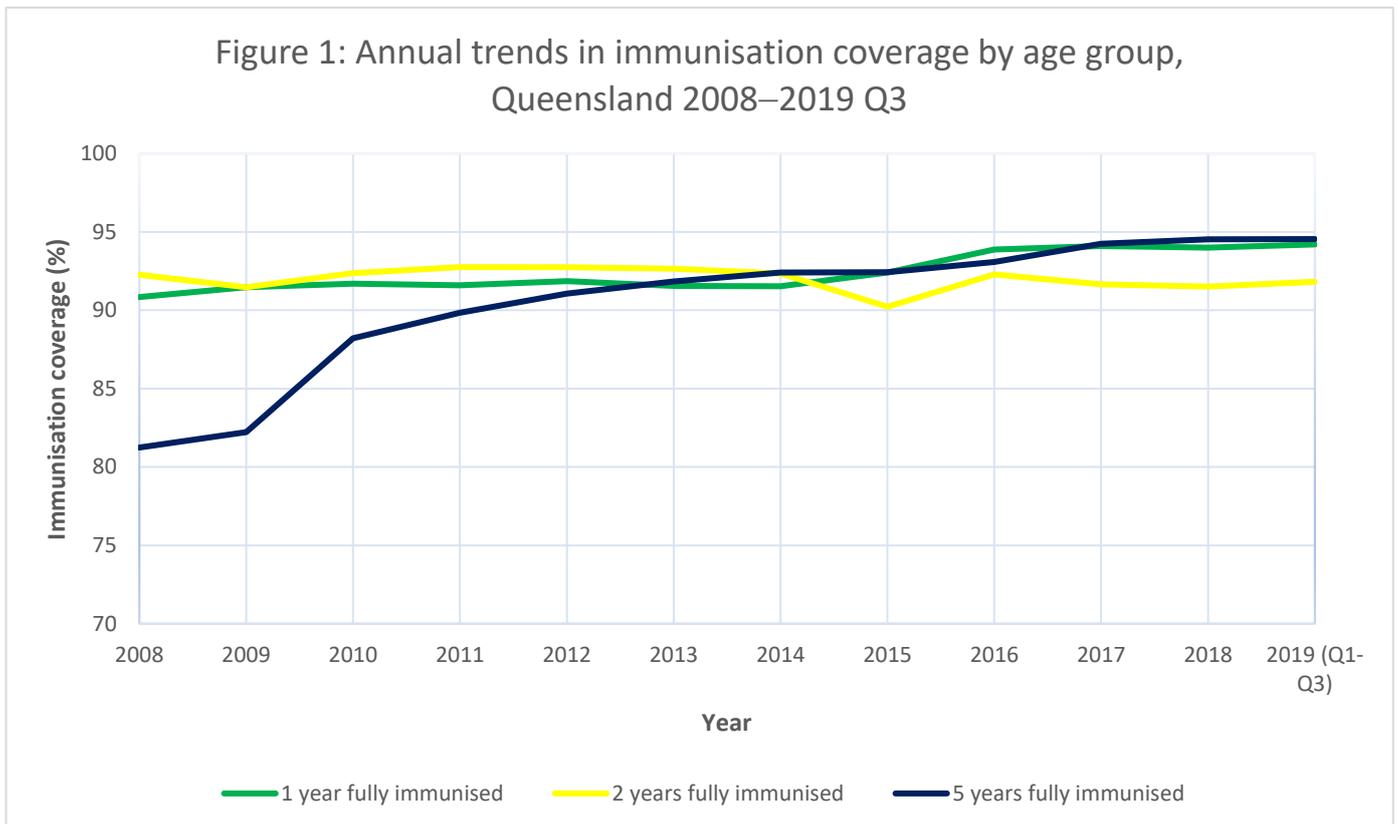
Queensland's childhood immunisation rates

Our goal

Australia's national goal for childhood immunisation rates is 95 per cent. Consistent with the national goal, the *Queensland Health Immunisation Strategy 2017–2022* specifies a 95 per cent immunisation rate target for Queensland children at one, two and five years of age. Research indicates that 95 per cent coverage is required to provide herd immunity against highly contagious vaccine-preventable diseases such as measles.

Achievements

Queensland's childhood immunisation rates have improved steadily since 1998, when the Australian Childhood Immunisation Register commenced reporting state and national childhood immunisation rates. At that time, fewer than 70 per cent of Queensland children at two years of age were fully immunised. In recent years, childhood immunisation rates have been consistently reported above 90 per cent in each of the three age cohorts measured and reported by the Australian Immunisation Register. See Figure 1: Annual trends in immunisation coverage by age group, Queensland 2008–2019. (NB: Each year contains aggregated data for the four quarters for that year except for 2019 which includes aggregated data from quarters 1, 2 and 3).



Source: Australian Immunisation Register

As the graph in Figure 1 shows, rates for one-year-old and five-year-old children have increased in the past decade however rates for two-year-old children have not improved. These patterns are reflected in national data as well. Two-year-old coverage measures have been impacted by significant changes to the National Immunisation Program Schedule in the past decade. The time between changes introduced and immunisation providers and parents becoming familiar with the new requirements is thought to be a key driver for this anomaly.

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Queensland's childhood immunisation rates are comparable to national childhood immunisation rates. Table 1 below shows the most recent Queensland and Australian childhood immunisation rates, assessed 30 September 2019.

Table 1. Childhood Immunisation Rates Quarter 3, 2019 – All Children

Quarter 3: 30 September 2019		
Age Group	% Fully Immunised Queensland	% Fully immunised Australia
One-year-old	94.5	94.5
Two-year-old	91.7	91.6
Five-year-old	94.3	94.7

Source: Australian Immunisation Register

Immunisation rates for one-year-old and two-year-old Aboriginal and Torres Strait Islander children in Queensland are lower than those for non-Indigenous children. The difference between rates of fully immunised Aboriginal and Torres Strait Islander children compared with non-Indigenous children has been decreasing in recent years in Queensland. For example, the most recent measure, i.e. at 30 September 2019, the gap between the one-year-old cohorts was 0.4 per cent compared with 4.6 per cent at 30 September 2016. Whilst this is encouraging, the gap fluctuates quarterly and the gap between the two-year-old cohorts measured on 30 September was 3.2 per cent. Table 2 below shows the immunisation rates at 30 September 2019 for Queensland's Aboriginal and Torres Strait Islander children at one, two and five years of age compared to the rates of non-Indigenous Queensland children.

Table 2. Queensland Childhood Immunisation Rates by Indigenous Status Quarter 3, 2019

Quarter 3: 30 September 2019			
Age Group	Indigenous: % fully Immunised	Non-Indigenous: % fully Immunised	%Difference
One-year-old	94.1	94.5	-0.4
Two-year-old	88.8	92.0	-3.2
Five-year-old	97.4	94.0	+3.4

Source: Australian Immunisation Register

The quarterly data on the five-year-old cohorts of Queensland children indicate that the immunisation rates for Aboriginal and Torres Strait Islander children is consistently higher than the rates for non-Indigenous children. Whilst this rate is high in Queensland's Aboriginal and Torres Strait Islander communities, interpretation of these data can be misleading as they mask issues such as timeliness of primary immunisations and vulnerability of the younger age groups. There are several initiatives underway to address underlying issues. For information about these initiatives, see *Immunisation Program Update Issue No.9* <https://www.publications.qld.gov.au/dataset/immunisation-program-newsletters>

Queensland Health publishes annualised childhood immunisation rates on the [Hospital Performance](#) website. Access this website for regional specific data reported by Hospital and Health Service and for future updated, state-wide data.

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Adolescent immunisation

The *Queensland Health Immunisation Strategy 2017–2022* specifies an 85 per cent immunisation rate target for Queensland adolescents through the School Immunisation Program (SIP). For the past three years, Queensland Health has published an annual report on the previous year's School Immunisation Program achievements.

The [School Immunisation Program 2018 Annual Report](#) shows:



- a lower uptake (74.9%) of the first dose of human papillomavirus (HPV) vaccine in 2018 compared to 2017 (77.8%)
- a slightly lower completion of the two-dose HPV vaccine course (67.0%) in 2018 compared to the three-dose course in 2017 (67.3%)
- a lower uptake (76.9%) of dTpa vaccination in the 2018 SIP compared to 2017 (79.3%)
- an increased uptake in 2018 (68.7%) of meningococcal ACWY vaccination for Year 10 students compared to 2017 (63.8%).

The falls in uptake reported have prompted various local, state and national initiatives aimed at improving adolescent vaccination through the School Immunisation Program and through other immunisation providers. Initiatives include:

- School Immunisation Program immunisation providers directly following up consent form return with parents of students who have not returned a consent form.
- Australian Immunisation Register (AIR) reminder letters to individuals aged 14.5, 17 and 18 years who are overdue for vaccinations recommended on the National Immunisation Program (NIP) schedule.
- *Immunise Teens* reminder letter to Year 8 students in Queensland who have not commenced or completed HPV and/or MMR vaccinations. *Immunise Teens* aims to remind adolescents close to their year of eligibility and prior to them becoming overdue and receiving an AIR reminder letter.

Meningococcal vaccine update – *Australian Immunisation Handbook*

Guidance on concomitant and sequential administration of Menactra® and Nimenrix® with other vaccines has been updated in the online [Australian Immunisation Handbook](#).

The recommended dose schedule for Bexsero® (not an NIP funded vaccine) has been updated for healthy infants aged 6 weeks to 5 months. Two primary doses should be given with an 8-week interval between doses, followed by a third dose at 12 months of age.

Based on various changes to product information, updates on Nimenrix®, Menactra®, Bexsero® and Trumemba® have been made and these should be noted by immunisation providers. For more detailed information on the changes, refer to the online [Australian Immunisation Handbook](#).

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Changes to the *Australian Immunisation Handbook*

The Australian Technical Advisory Group on Immunisation (ATAGI) secretariat has advised that the *Australian Immunisation Handbook* (the handbook) was updated on 4 October 2019 to reflect changes approved by the Chief Medical Officer, Professor Brendan Murphy, on 20 September 2019. A summary of the updates is available online at: <https://immunisationhandbook.health.gov.au/about-the-handbook/updates>

NB: Changes include updates to 19 chapters of the handbook and various administrative updates including updated hyperlinks to improve access to information.

National Vaccine Storage Guidelines 'Strive for 5' 3rd edition

The recently released updated national vaccine storage guidelines have been reviewed and updated to reflect current practices. The changes for this guideline include the following:

- Purpose-built vaccine refrigerators are designed to store vaccines and should be used for all vaccine storage. (NB: Vaccines cannot be stored in bar fridges, unmonitored fridges or fridges external to the registered practice/clinic.)
- Section 6 'Considerations when choosing a purpose-built vaccine refrigerator will assist you in choosing the most appropriate refrigerator for you practice/clinic.
- The 'Vaccine temperature-monitoring devices' section has also been expanded to guide you through the multiple ways you can monitor your vaccine refrigerator with a greater degree of accuracy using a digital data logger.
- Key to effectively storing your vaccines is a 'Vaccine management protocol' for your practice/clinic that will ensure policies and procedures are consistently applied by staff.

Important additions to the guideline include:

- Expanded information about 'Caring for vaccines during immunisation clinics'; 'Managing a power failure' and an updated 'Cooler' section.
- The appendices have been expanded to assist with 'Preparation for mobile or outreach immunisation clinics' and include:
 - 'Checklist and temperature chart for mobile or outreach immunisation clinics, or emergency storage of vaccines'
 - Two A4 cards to assist during a cold chain breach event to keep and use with emergency equipment.
- If you have not already received the [National Vaccine Storage Guidelines 'Strive for 5' 3rd edition](#) you can order the resource from the Australian Government Department of Health by email health@nationalmailing.com.au or telephone [02 6269 1080](tel:0262691080), quoting the order ID: IMM77.2019.

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Please note: Queensland Health provides a ‘Minimum/maximum temperature chart’ for Queensland immunisation providers. Order one when placing your vaccine order.

Addressing parents’ immunisation communication and information needs

In a recent [webinar](#), Professor Julie Leask from the University of Sydney discussed the most common concerns Australian parents have about immunisation and launched the new [Sharing Knowledge About Immunisation \(SKAI\) website](#) for parents and the [SKAI eLearning module](#) for healthcare workers. The [SKAI eLearning module](#) is designed to help adapt your clinical communication skills to meet the needs of all parents, whether they are ready to vaccinate, have questions or intend to decline vaccination altogether, and provides clinicians with an introduction and overview of the SKAI website for parents.

Storm season

Preparing for cold chain breach risks

The summer storm season inevitably brings with it the risk of power failures. Most purpose-built vaccine refrigerators will only maintain an adequate temperature for a maximum 20 minutes without power, especially if they have a glass door. If you lose power, you might need to urgently transfer vaccines into alternative storage such as a cooler.

Refer to the ***National Vaccine Storage Guidelines – Section 8 Management of power failure*** to review your processes and be ready for any emergency.



Be prepared! Do you have the following ready for use?

- ✓ A back-up power source? If you have back-up power, has it been tested recently for readiness?
- ✓ Appropriate cooler box/es large enough to store all your vaccines?
- ✓ A sufficient number of ice bricks with which to chill the cooler box?
- ✓ A freezer where the ice bricks can be stored ready for use?

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- ✓ Sufficient packing material, such as polystyrene chips or bubble-wrap to separate the vaccines from ice bricks, paper to wrap the ice bricks?
- ✓ A digital minimum/maximum thermometer for each cooler box? This must be placed in a vaccine packet/box with the vaccines.
- ✓ An easy to follow, written procedure for staff when needed? Have you completed a trial run so all staff who might need to move the vaccines know how to pack vaccines in a cooler in an emergency?

NB: If your vaccine refrigerator records temperatures outside the range +2°C to +8°C, this indicates a cold chain breach.

Report all cold chain breaches to the Immunisation Program by phone on 3328 9888 between the hours of 8:00am to 4:00 pm as soon as possible after the breach occurs.



2019/2020 Holiday Closure Period Vaccine orders



The deadline to order vaccines before the holiday closure period this year is:

Close of business, Wednesday 18 December 2019

Vaccine ordering recommences:

Thursday 2 January 2020

If your practice is closed over the holiday period,
please do not place an order just prior to closure.

If necessary, vaccine dose orders may be increased from 17 November
to ensure your vaccine supply is sufficient until the new year.

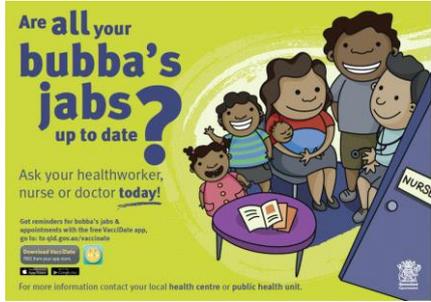
Ensure your vaccine management back-up plan is in place before your closure period commences.

If you experience a cold chain breach during this time, quarantine the affected vaccine and call the Immunisation Program on 3328 9888 on 2 January to report it. Please do not discard any government-funded vaccine until you receive advice from the public health unit. This will be after 2 January.

**The Immunisation Program
wishes you a Festive Holiday Season and a
Happy New Year**

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FOCUS on RESOURCES

Resource item	Target group	Information
<p>Bubba Jabs suite of resources https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/bubba-jabs</p>	<p>Aboriginal and Torres Strait Islander community members, immunisation providers and other primary healthcare services.</p>	<p>Posters, brochure and artwork for fridge magnets and lanyards are available in PDF format for download and printing.</p> 

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