

Immunisation Program Update

Issue No. 16

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From the Executive Director

Last month, Communicable Diseases Branch celebrated the career of Karen Peterson who served the Queensland community as Manager of the Immunisation Program from 1996 to 2019. At a recent forum, we were privileged to listen to Karen's recall of significant career highlights as she reflected on the past 24 years and changes in the immunisation environment. See page 7 for a timeline of significant program changes.

Karen's early public service career included teaching and nursing, followed by a departmental officer role in the Department of Education before a secondment to Queensland Health in 1996 where she remained. Karen led the development of the Queensland Health Immunisation Program. Her expertise is recognised across Queensland and Australia and her advice on program matters has always been highly respected.

Karen represented Queensland on the National Immunisation Committee and the Jurisdictional Immunisation Committee for over two decades and served as a member of the Australian Technical Advisory Group on Immunisation.

In recognition of her service, Karen received a Queensland Health Australia Day Award in 2018. Karen has shared insights into her Immunisation Program journey in an interview on page 5.

I thank Karen for her dedicated service to the Queensland community over many years and I wish her a very well-earned and enjoyable retirement.

Dr Sonya Bennett

Executive Director

Communicable Diseases Branch

Image on the right:

Karen Peterson and Michael Walsh,
Director-General Queensland Health

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Community immunisation

Queensland's immunisation providers

In Queensland, vaccinations are delivered by a range of immunisation providers. The National Immunisation Program vaccines are distributed by Queensland Health's Immunisation Program to immunisation providers of whom 84% are general practitioners; 6% local government authorities; 6% Hospital and Health Services and 4% Aboriginal Community-Controlled Health Services, Royal Flying Doctor Service and other accredited organisations.

Queensland Pharmacist Vaccination Program

From 5 April 2019, pharmacists participating in the Queensland Pharmacist Vaccination Program can offer specific vaccinations to persons aged 16 years and older in accordance with the Health (Drugs and Poisons) Regulation 1996 (HDPR) and as outlined in the [Drug Therapy Protocol - Pharmacist Vaccination Program](#).

The [Queensland Pharmacist Vaccination Standard](#) outlines the requirements for a pharmacist who wants to participate in the Pharmacist Vaccination Program in Queensland. The standard has been updated to reflect the change in the age of vaccination from 18 years to 16 years and the premises from which a pharmacist can vaccinate. Vaccine administration by pharmacists can only be conducted at a pharmacy premise or public health facility.

A reminder about Zostavax®

Zostavax® became available on the National Immunisation Program (NIP) in November 2016. Key points for providers to remember about this program are:

1. Zostavax® is funded on the NIP for those aged 70 years.
2. Zostavax® is funded as catch-up for those aged 71-79 years through to October 2021.
3. Only ONE dose of Zostavax® is required.
4. Check AIR before vaccinating. Many people in the eligible age group have been vaccinated.
5. Do not administer Zostavax® to anyone who is immunocompromised. Seek specialist advice.
6. The Australian Immunisation Handbook includes a recommendation for zoster vaccination for anyone aged from 60 years (however, it is not funded for anyone aged between 60 to 69 years.)
7. Zostavax® is a herpes zoster vaccine. It is not the same as Varilrix® or Varivax® which are varicella vaccines.

Read the National Centre for Immunisation Research and Surveillance's fact sheet on zoster vaccine on their [website](#).

Adolescent meningococcal ACWY vaccine now on NIP



Since 2017, Queensland Health has funded meningococcal ACWY vaccine for Year 10 students and adolescents aged 15 to 19 years of age. Since 1 April 2019, a single dose of the quadrivalent meningococcal vaccine (Nimenrix®) protecting against meningococcal serogroups A, C, W and Y became available free on the NIP for:

- Year 10 students through the School Immunisation Program
- adolescents aged 15 to 19 years through their GP or other immunisation provider.

The Commonwealth Department of Human Services has produced [clinical and consumer resources](#) to support GPs and other immunisation providers with the national introduction of the adolescent meningococcal ACWY vaccine. [Return to contents](#)

Immunise Teens: Queensland Health immunisation reminders

Over the next few weeks, Queensland Health will be sending letters to parents of adolescents (aged between 14½ years and 14 years and 11 months) who are considered overdue for HPV vaccine. The adolescent's overdue status is based on information taken from the Australian Immunisation Register (AIR) which now holds all HPV vaccination information previously held by the HPV Register. If a parent or adolescent presents at your clinic or practice with a letter, please:

1. check your records for any missed vaccinations and report to AIR
2. check AIR prior to vaccinating to make sure the right dose is being administered
3. report any vaccinations given to AIR.



Changes to recording adolescent vaccines on AIR

New functionality for recording adolescent vaccinations has been incorporated into the 'encounter screen' on the AIR website. In the 'Schedule' drop-down box, 'Adolescent' can be chosen which, in turn, limits the vaccine brands available for selection in the 'Vaccine Brand' drop-down box (Figure 1). If you are recording a vaccine not available in the adolescent schedule vaccine list, choose 'Other' in the 'Schedule' and this will expand the vaccine brands available for selection. The other change to note is that dose numbers for some adolescent vaccines are shown as 'A0x' in the immunisation history (Figure 2).

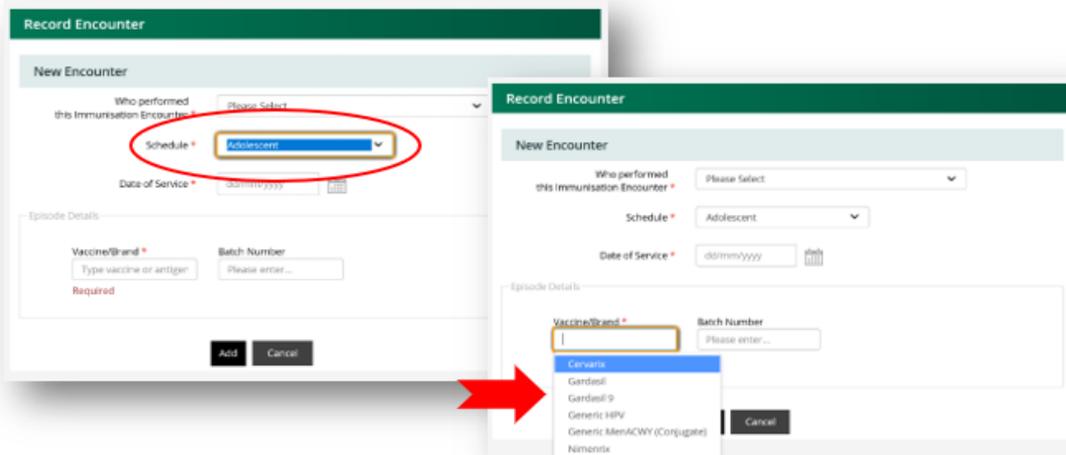


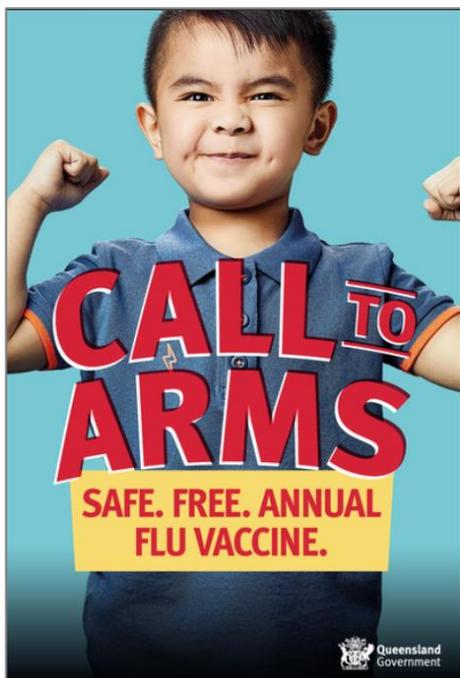
Figure 1

04 Mar 2014	Gardasil [J000399]	A01	Accepted
09 May 2014	Gardasil [J004276]	A02	Accepted

Figure 2

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Influenza and hand hygiene campaigns



Queensland Health's new statewide 2019 childhood immunisation influenza campaign 'Call to arms' is the second phase of the childhood immunisation influenza campaign, building upon the success of the first phase 'Kids tell' which launched with the 2018 flu season. The 'Call to arms' media campaign commenced on 13 May and will run through to September 2019 in out-of-home, print, digital and social channels. The campaign is a 'call to arms' for parents to immunise their children aged 6 months to under 5 years against this year's flu. More information and campaign resources are available on the Queensland Health [campaigns webpage](#).

Queensland Health has also released the 'Feel Good Facts' campaign on flu and hand hygiene on 1 May. The campaign encourages Queenslanders to adopt recommended hygiene practices to prevent the spread of flu and to get vaccinated each year. The campaign will run until 31 July 2019 through digital and out-of-home channels (e.g. public transport, petrol stations and shopping centres). More information and campaign videos are available on the Queensland Health [campaigns webpage](#).

Influenza vaccination for pregnant women

Pregnant women are routinely recommended to receive influenza vaccine at any time during pregnancy. Further information about vaccines for pregnant women is available in the online [Australian Immunisation Handbook](#).

Reporting influenza vaccinations to AIR

With a significant number of influenza vaccines being administered across the country, immunisation providers are reminded that all influenza and other adult vaccines should be recorded on the Australian Immunisation Register (AIR). The AIR records vaccines given to people of all ages in Australia, including the National Immunisation Program (NIP) schedule vaccines, school vaccines, flu vaccine and travel vaccines. Further information on how to record on the AIR correctly is available on the [Department of Human Services](#) website.

Adult vaccinations

About 4.1 million Australians are under-vaccinated, meaning they have received some vaccinations, but not all the ones they need. While the vaccination debate generally centres around children, the majority of people who are under-vaccinated are actually adults, writes Dr Lucy Deng, staff specialist at NCIRS, in an article published in [The Conversation](#), along with co-authors National Centre for Immunisation Research and Surveillance (NCIRS) Director and Professor Kristine Macartney and Associate Professor Nick Wood. The authors urge adults to have a chat with their immunisation provider and to catch up on any missed vaccinations.

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New clinical advice on whooping cough immunisation for pregnant women

The [Australian Immunisation Handbook](#) now recommends pregnant women receive pertussis-containing vaccine as a single dose **between 20 and 32 weeks of each pregnancy**. Adacel[®] and Boostrix[®] are funded under the National Immunisation Program for pregnant women.

According to the Australian Immunisation Handbook, vaccination during pregnancy reduces the risk of pertussis in pregnant women and their young infants by 90%. Studies have found no evidence of an increased risk of adverse pregnancy outcomes related to pertussis vaccination during pregnancy.



PLEASE NOTE

Act-HIB given to children at 18 months of age must be RECORDED as dose 4, NOT dose 1.

Why?

It is the fourth dose of a Hib antigen, because the 3 doses of Infanrix[®] Hexa given at 2, 4 and 6 months include a Hib antigen.

Interview with Karen Peterson

We recently interviewed Karen prior to commencement of her retirement from the position of Manager, Immunisation Program.

Your public service career spans more than two decades, with the last 24 years leading the development of the Queensland Health Immunisation Program. What were the top 3 highlights for the program during this time?

There have been so many, it's hard to pick 3. But I think the establishment of the Queensland Specialist Immunisation Service (QIS) at the Queensland Children's Hospital in 2016 would have to be the main one. QIS provides up-to-date advice and vaccination recommendations for children with complex medical conditions and for children who have experienced an adverse event following immunisation. QIS offers Specialist Immunisation Clinics (including telehealth), an Immunisation Centre, a telephone advice service, and it undertakes research and education. It's a fantastic service and a credit to the team at the Queensland Children's Hospital. I had been trying for many years to secure funding for such a service and eventually it came from funding for the *Queensland Immunisation Strategy 2014–2017*.

Another highlight would be the significant investment in the program in more recent years. This really started with the first immunisation strategy in 2014 and has allowed us to invest in projects such as *Immunise to 95*, the projects in Townsville, Cairns and Central Queensland focussing on Aboriginal and Torres Strait Islander children, and the development and rollout of the online immunisation training courses to name a few. The strategy also enabled us to be the first state in Australia to implement a pertussis vaccination program for pregnant women.

A further highlight is the 'normalisation' of immunisation and the high community acceptance of it, which is reflected in our high childhood immunisation rates.



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What challenges does the program face now and into the future?

Unfortunately, there are a number. Probably the most significant one is vaccine hesitancy, which is one of the World Health Organization's ten threats to global health in 2019. I think one of the factors contributing to this is that we generally see fewer notifications of vaccine-preventable diseases and people may be questioning the need to be vaccinated. So, in some ways we're victims of our own success.

Another challenge is the increasingly complex vaccination schedule. It's becoming more difficult for parents and immunisation providers to keep up-to-date with their knowledge and understanding of the schedule.

The impact of globalisation can't be underestimated. Apart from some influenza vaccines, all our vaccines come from overseas, so that means we have to be very careful to ensure continuous supply. Also, the increase in travel both out of and into Australia puts us at risk from travellers who may bring vaccine-preventable diseases into the country.

The influence of social media is becoming more of an issue, and I think it will continue to be a challenge into the future. More and more people access the internet for information and, unfortunately, there is a lot of misleading information about immunisation circulating on social media. It concerns me that people look to celebrities for advice rather than credible sources.

When you look back at your journey in the Immunisation Program, of what are you most proud?

I'm proud to be part of a great team; in particular, the team leading the Immunisation Program, but also the Communicable Diseases team and more broadly public health across the state. I think the program is well regarded by our stakeholders and that's very satisfying.

I'm proud that we've been able to implement so many major programs, including the Measles Control Campaign in 1998 which offered measles vaccine to all primary school students across the state, the Meningococcal C Vaccination Program in 2003 and 2004 which offered meningococcal C vaccine to all primary and secondary school students, the influenza pandemic response in 2009 and more recently, the HPV vaccination program and the childhood influenza program.

As I've already mentioned, I'm also very proud that we've been able to establish QGIS at the Queensland Children's Hospital. There is also the work that is being done to improve vaccination rates for Aboriginal and Torres Strait Islander children. And, of course, there has been the steady improvement in vaccination rates.

What are your plans for retirement?

My plans include doing more reading (so many books unread at home!), gardening, travel and some voluntary work. I haven't quite decided what that might be yet, and it will be good to have some time to try new things. On the other hand, my husband's plans for my retirement include me doing all the housework and cooking. So, there are some negotiations to be had!

Karen, thank you for sharing some insights. The entire team of the Immunisation Program and the Communicable Diseases Branch wishes you all the very best for your well-deserved retirement.

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TIMELINE

QLD IMMUNISATION PROGRAM

• No accurate way to measure vaccination rates

• About 70% of vaccinations given by GPs (remainder by councils)

• Nurses not able to vaccinate independently

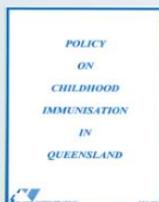
• Personal Health Records not widely used

• Funding for NHMRC vaccines fragmented

• Vaccination data collected on aerograms

• 1st policy on childhood immunisation in Qld developed

PRE
1996



Vaccination targets

• >90% coverage of children at 2 yrs for all diseases on vaccination schedule



• Near universal coverage of children at school entry age for diphtheria, tetanus, pertussis, polio, measles, mumps & rubella



• Near universal coverage of girls & boys <17 for measles, mumps, rubella



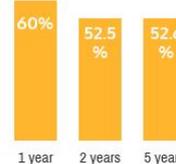
Goals



• To eliminate locally acquired measles, mumps, rubella & polio among Qld children.

• To ensure hep B, tetanus, pertussis, diphtheria & Hib become rare among Qld children.

Vaccination coverage 1989-1990



Source: ABC National Health Survey
Age appropriately vaccinated incl. diphtheria, tetanus, polio, measles, mumps.

• ACIR launched (1st purpose-built national childhood immunisation register worldwide)

• VIVAS went live



1996

• Change to Health (Drugs and Poisons) Regulation enabling nurses who have completed authorised course to vaccinate in approved immunisation program

§§

1997



• Immunise Australia Program launched with 7-Point-Plan

• Public Health Outcome Funding agreements established between Australian governments to fund National Immunisation Program (NIP)

• *National Health Act 1953* amended to list designated vaccines that may be free to eligible people under NIP

§§

• ATAGI & NCIRS established

• Qld commenced Indigenous pneumococcal & influenza vaccinations in FNQ

• Childhood schedule changed from triple antigen to DTPa

• Public Health Services established



• 7 Immunisation Public Health Nurses appointed in PHUs

1998

• Financial incentives introduced for GPs & parents



• Measles Control Campaign commenced for all primary schools

• 1st coverage data reported by ACIR



1999



• Qld funded hepatitis A for Indigenous children (6mths-6yrs) in north Qld

• Universal hep B vaccination funded on National Immunisation Program

2000

• Combination DTPa/hepatitis B vaccine included at 2, 4 and 6 months



2001

• MMR catch-up program for 18-30 yrs

• 2-dose hepatitis B vaccine available for adolescents

• Hepatitis A funded for Indigenous children 12-24 mths in Qld, WA, SA and NT on National Immunisation Program

2005/
2006



2003/
2004

• Meningococcal C Program commenced: 2003 - offered to all secondary students 2004 - offered to all primary students



• Qld convened National Vaccine Storage Workshop, leading to development of *Strive for 5*



- Catch-up for HPV organised for school years 8, 9, 10

- National HPV Vaccination Program Register established

- Influenza pandemic



- Qld funded dTpa for 'cocooning' program

- National Immunisation Program funding provided under National Partnership Agreement

- HPV funded for boys



- Immunise to 95 commenced



- Qld childcare vaccination legislation commenced 1 January



- C'wealth's *No Jab, No Pay* commenced

- ACIR becomes AIR – whole-of-life vaccination register

- Childhood influenza program introduced in Qld

- Immunise Seniors commenced

- Immunisation online courses for immunisation providers launched

2008**2009****2013****2015****2016****2018****2007****2010****2014****2017****2019**

- Recurrent funding allocated for statewide school based program

- HPV funded for girls & young women on National Immunisation Program



- National HPV Program launched in Qld at Springwood High School

- Catch-up for HPV organised for school years 10, 11, 12

- Community catch-up for 18-26 yrs

- Suspension of influenza vaccination children <5 yrs

- Horvath review published

- 1st Qld Immunisation Strategy developed

- Funding allocated for Qld Specialist Immunisation Service



- Qld 1st state to fund pertussis vaccine for pregnant women

- Influenza Summit held – Qld Health Minister announced childhood flu program

- 2nd Qld Immunisation Strategy released

- Qld adolescent meningococcal ACWY vaccination program commenced

- *Bubba Jabs on Time* commenced

- Immunisation is firmly established as a priority for governments & supported by the community

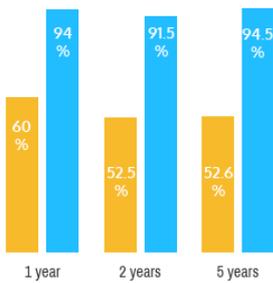
- Australia has world class immunisation program

- Program is well funded at C'wealth & state level

- Vaccine safety is key feature of national program

- Strong public health network

Vaccination coverage 1989-1990 vs 2018

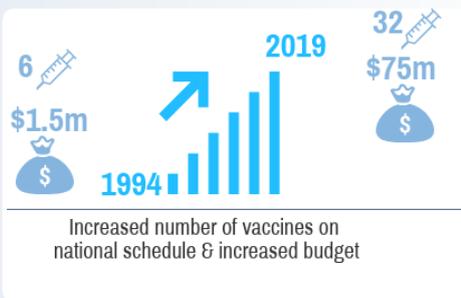


Sources:
1989-90: ABC National Health Survey.
Age appropriately vaccinated incl. diphtheria, tetanus, polio, measles, mumps.
2018: AIR. Fully immunised according to AIR definition.

Funding for vaccines x 50 since 1994

- **1994:** 6 vaccines on the national schedule + hepatitis B and BCG funded by state. State budget approx. **\$1.5m/yr**

- **2019:** 32 vaccines on the national schedule + BCG, MMR, hepatitis B, rabies and vaccines for outbreaks funded by state. State budget **>\$75m/yr**





Immunisation eLearning

✓ Self-paced ✓ Easy access ✓ Free

Visit www.csdqs.qld.edu.au and search for 'immunisation'



IMPORTANT NOTICE RE UPCOMING MAINTENANCE

As part of a scheduled review, the four immunisation online courses on the CSDS website at www.csdqs.qld.edu.au are planned to be taken offline for maintenance on 18 July 2019 for up to two days.

Which courses are affected?

- Course 1: Vaccine administration
- Course 2: Vaccine management
- Course 3: Immunisation data – reporting and recording
- Course 4: Catch-up vaccinations

What does this mean for users enrolled

Users enrolled in these courses who have not yet finished the course(s) or downloaded their certificate(s) of completion need to do so **before 18 July 2019** as their progress in the courses will be lost when the courses are taken offline.

Once the updated courses are back online, users will not be able to resume where they left off, but will need to recommence the course(s) from the beginning.

A FOCUS on RESOURCES

Video and poster resources	Target group	Information
<p>Keeping our kids healthy and strong</p> <p><small>QAIHC has worked in consultation with our Member Services to develop the "Keeping our kids healthy and strong" resources in an effort to promote the importance of timely vaccinations for Aboriginal and Torres Strait Islander children.</small></p> 	<p>Aboriginal and Torres Strait Islander communities particularly parents.</p>	<p>Developed by the Queensland Aboriginal and Islander Health Council in consultation with their member services, this short (1min 40 sec) video 'Keeping our kids healthy and strong' has been developed to promote the importance of timely vaccinations for Aboriginal and Torres Strait Islander children.</p> <p>https://www.qaihc.com.au/resources/keeping-our-kids-healthy-and-strong</p>
	<p>Aboriginal and Torres Strait Islander communities particularly parents.</p>	<p>These posters supporting the messages about the importance of timely vaccinations for Aboriginal and Torres Strait Islander children can be downloaded at:</p> <p>https://www.qaihc.com.au/resources/keeping-our-kids-healthy-and-strong</p>

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