Queensland Health

Immunisation Program Update

Issue No. 9
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From the Manager

There is never a shortage of topics to cover in our regular *Immunisation Program Update*.

In this edition, we provide an update on implementing the *Queensland Health Immunisation Strategy 2017–2022* and a report on the outcomes of the 2017 Queensland Influenza Summit. Read about important changes to the funded flu vaccine, which in 2018 will include all children aged six months to less than five years. We also provide information about changes to the School Immunisation Program in 2018 and an update on the Queensland Meningococcal Program. For a full list of topics covered, refer to the table of contents.

As 2017 draws to a close, we reflect back on another busy year for the Immunisation Program and our dedicated immunisation providers.

Thank you for the work you do to ensure the Queensland National Immunisation Program delivers high-quality outcomes protecting the community from vaccine-preventable diseases.

On behalf of all Immunisation Program team members in the Communicable Diseases Branch, I wish you all the very best for the Christmas and New Year festive season.

Karen Peterson
Manager, Immunisation Program

In this issue

Feedback, comments and suggestions are always welcome! Please email these to immunisation@health.qld.gov.au

Queensland Government

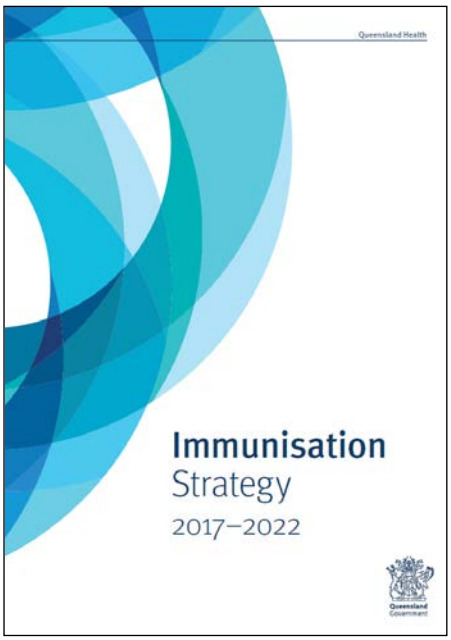
Implementing the *Queensland Health Immunisation Strategy 2017–2022*

On 28 August 2017, the Minister for Health and Minister for Ambulance Services released the *Queensland Health Immunisation Strategy 2017–2022* (the strategy).

Improving immunisation rates is a key priority for the Department of Health and the overarching goal of the strategy is to protect all Queenslanders from vaccine-preventable diseases. The strategy focuses on five key areas for action: childhood immunisation; adolescents; people with specific vaccination needs; communication and education; and monitoring, surveillance and research.

The strategy was developed after extensive stakeholder and public consultation, and in collaboration with key stakeholders. The Department of Health has developed an implementation plan and has been assisting Hospital and Health Services, through Public Health Units, to develop regional implementation plans.

The strategy can be accessed via the Queensland Health website at:
https://www.health.qld.gov.au/public-health/topics/immunisation



Queensland Influenza Summit 2017

On 18 October 2017, the Minister for Health and Minister for Ambulance Services hosted the *2017 Queensland Influenza Summit* (the Summit) in response to Queensland's largest influenza season in decades. More than 53,000 cases of influenza were diagnosed in Queensland in 2017 with 5,700 hospital admissions of whom nearly 680 required intensive care.

The Summit brought together experts from the World Health Organization and various national institutes to discuss this year's flu season and to inform initiatives for 2018 and beyond. The Summit, held in Brisbane was planned and arranged by the Immunisation Program supported by the Office of the Chief Health Officer (CHO). Dr Jeannette Young, CHO facilitated the meeting.

The Summit was attended by senior representatives from Hospital and Health Services including Board Chairs, Chief Executives and senior clinicians. Senior executives from Queensland Health's partner organisations including the Queensland Ambulance Service, Australian Medical Association Queensland, Primary Health Networks and other key non-government organisations also attended.

The Summit resulted in a decision to invest $2.3 million to implement the following four key strategies in time for next year's flu season:

1 Free flu vaccine for Queensland children aged from six months to less than five years will be made available in 2018 and beyond. The Summit heard overwhelming evidence that influenza causes substantial illness in children and that vaccinating young children will not only protect children, it will also disrupt spread of influenza in the community.

2 Rapid point-of-care testing (POCT) for influenza will be available at Queensland Health's 20 largest hospitals, an increase from the current five facilities which already have POCT to assist hospitals in the early diagnosis and management of influenza cases.

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3 Automated blood culture machines will be provided to replace current systems. This improved technology will lead to more efficient and timely diagnosis and management of bacterial infections secondary to influenza.

4 Revamped influenza prevention marketing campaigns will focus on raising community awareness on the importance of influenza vaccination, promoting the free vaccine programs, encouraging vaccination (particularly for healthcare workers) and promoting good hygiene practices to prevent the transmission of influenza.

Funded influenza vaccine for all Queensland children aged six months to less than five years

Children under five years of age have some of the highest rates of influenza and associated complications. Influenza causes the majority of hospital admissions in children under five years of age. The risk is not just for children with medical conditions, but also healthy children.

We also know that children contribute greatly to the spread of influenza in the community, and the risks of serious complications for children who contract influenza are high. Vaccination continues to be the best way to prevent the spread of influenza. Providing vaccine to very young children will greatly enhance their protection against influenza.

The free vaccine will be made available through general practices and other childhood immunisation providers in 2018. More information will be provided in 2018 prior to the seasonal influenza program.

As a health professional, your strong recommendation is a critical factor in whether or not parents decide to have their children vaccinated against influenza.

Gardasil®9 in the School Immunisation Program

From January 2018, young adolescents in Year 7 will be offered the 9-valent human papillomavirus (HPV) vaccine (*Gardasil®9*) in a 2-dose schedule through Queensland's School Immunisation Program.

Gardasil®9 replaces the 4-valent HPV vaccine and includes an additional five oncogenic HPV types (31, 33, 45, 52 and 58). It therefore extends the protection against disease caused by HPV. Moving to a HPV vaccine that covers additional oncogenic HPV types in a schedule with one less dose is anticipated to improve HPV vaccination coverage and disease prevention.

The 2 doses of *Gardasil®9* should be administered at least 6 months and up to 12 months apart. Immunocompromised individuals (with specific medical conditions) require 3 doses of *Gardasil®9* to attain adequate protection. Doses should be administered at 0, 2 and 6 month intervals.

National Immunisation Program 4-year-old vaccination

IF IT'S DUE AT 4 YEARS GIVE IT AT 4 YEARS!

According to the National Immunisation Program schedule, children receive a booster of DTPa-IPV at 4 years of age. If this vaccine is given to children younger than 3 years and 6 months, this early dose will not be considerd 'valid' by AIR. Therefore the child's record will still show this vaccination as due.

This vaccination should be given as close to 4 years of age as possible.

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Meningococcal ACWY Vaccination Program

The free meningococcal vaccination program currently available for all Year 10 students in Queensland schools will be extended for another year. Under the plan, every Year 10 student is eligible for the free vaccination during the 2017 and 2018 school years. The program involves more than 350 Queensland schools.

The vaccine provides protection against four strains of invasive meningococcal disease: A,C,W and Y. The Queensland Department of Health is also providing this vaccine free-of-charge through general practitioners and other community immunisation providers to any Queenslanders aged 15 to 19 years until 31 May 2018.

Adolescents and young adults are being targeted with this vaccine as they have higher rates of meningococcal carriage. By targeting this high-risk age group, the aim is to reduce disease in this group and also reduce the spread of meningococcal bacteria to provide stronger protection for the wider community against this disease.

As of 23 November this year, there had been 62 cases of meningococcal disease recorded in Queensland. This case number is high compared with a five year, year-to-date mean of 37 cases.

Meningococcal disease can lead to death or long-term health issues including limb deformity, deafness, epilepsy and possible loss of brain function. About 10 per cent of meningococcal cases are fatal.

* What can providers do? *

Promote the program for all 15 to 19 year olds – opportunistically and through recall.

Online training for immunisation providers

The Immunisation Program, in collaboration with the Cunningham Centre, is working on a new project which will deliver free online immunisation education and training courses for anyone involved in providing immunisation services in Queensland. This project aims to address Objective 4.2, Action 4.2.2 in the *Queensland Health Immunisation Strategy 2017–2022* and assists immunisation service providers to access professional development and training on complex immunisation topics. The course material will help participants maintain and enhance their skills in providing immunisation services and remain up-to-date with changing vaccination programs and requirements.

The first two courses on vaccine administration and vaccine management are planned to be launched by July 2018 with additional courses rolled out throughout the year. The self-paced courses will be accessible free of charge via the Clinical Skills Development Service (CSDS) website.

Involvement of the Cunningham Centre, a registered training organisation located within Darling Downs Hospital and Health Service, in the course development ensures that experts with clinical and instructional design skills come together to produce high-quality and fit-for-purpose courses. The courses on offer will be suitable for clinicians as well as non-clinical staff involved in supporting roles such as practice managers or receptionists. The courses will consist of a number of modules which will cater for different skill levels ensuring that course participants with little or no knowledge of immunisation as well as those with more experience benefit from training.

The project was informed by research and a needs assessment in consultation with staff from Public Health Units, Primary Health Networks, the Queensland Aboriginal and Islander Health Council, and a number of experienced practice managers and practice nurses. A Technical Advisory Group involving Public Health Nurses, Cunningham Centre and Immunisation Program staff will review and test the resources prior to the launch to ensure they meet high quality standards.

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Closing the gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children

Immunisation rate gap

Despite improvements in childhood immunisation rates across Queensland in recent years for both Aboriginal and Torres Strait Islander and non-Indigenous children at 12 months of age, immunisation rates for Aboriginal and Torres Strait Islander children in Queensland at 12 months of age remain lower than those for non-Indigenous children (See Figure 1).

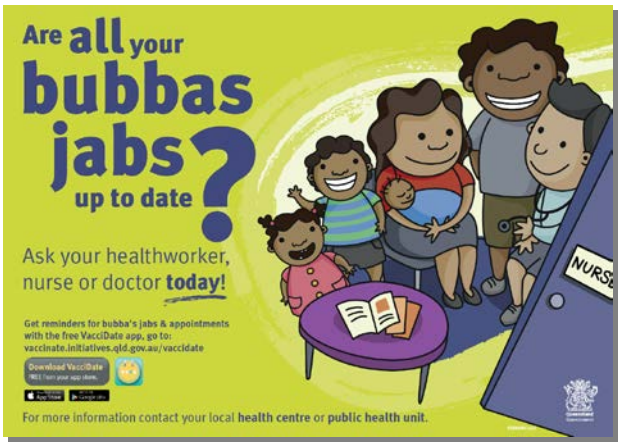
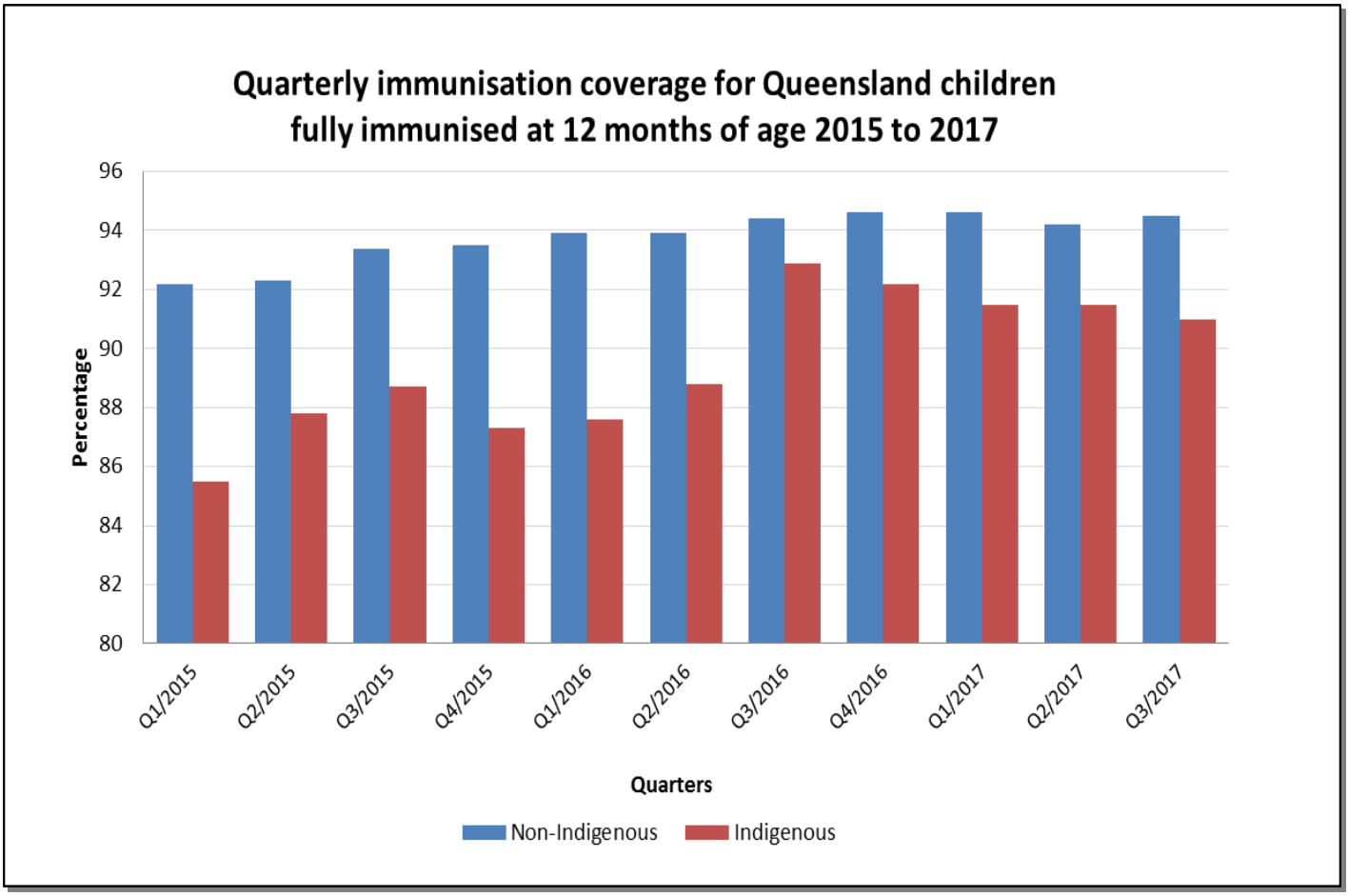


Figure 1: Queensland childhood immunisation coverage by Indigenous status



Data source Figure 1 & 2: AIR

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The difference between rates of fully immunised 12-month-old Aboriginal and Torres Strait Islander children compared with non-Indigenous children at 12 months of age has been decreasing in recent years in Queensland. The green line in Figure 2 below shows the quarterly gap difference varying from quarter to quarter. The dotted line reveals an overall downward trend with a gradual reduction in the size of the gap. The trend is encouraging but there is still much more work to be done.

The goal of the *Queensland Health Immunisation Strategy 2017-2022* is for 95 per cent of all children to be up-to-date with their childhood immunisations as recommended in the National Immunisation Program (NIP) Schedule.

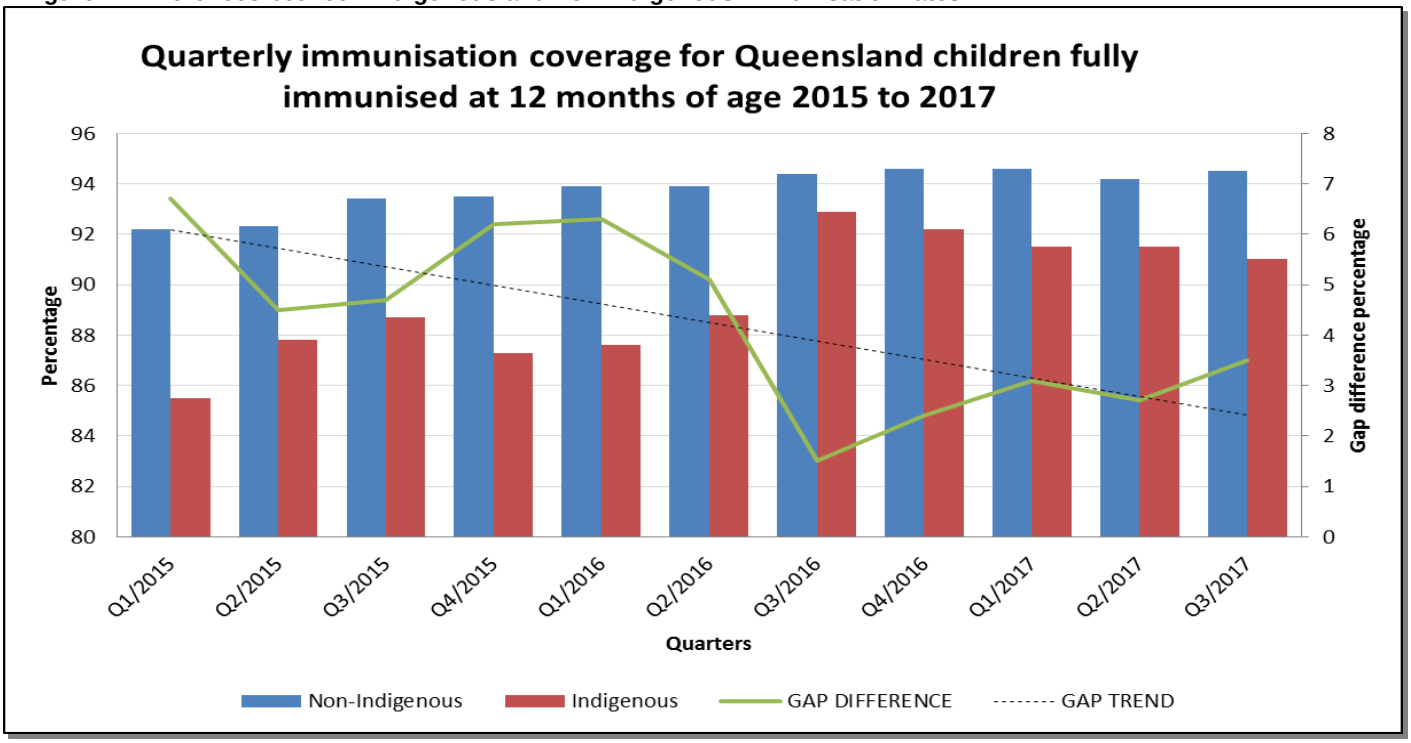
A significant gap between rates of fully immunised Aboriginal and Torres Strait Islander children compared with non-Indigenous children also occurs for cohorts of children at two years of age. Mapping this gap in recent years has been problematic due to frequent changes to the NIP schedule and subsequent wide variations in coverage data, hence the focus in this article on the 12-month-old cohorts to monitor changes in the gap.

The data for the one-year-old and two-year-old cohorts of children indicate that, proportionately, a larger percentage of the Aboriginal and Torres Strait Islander infant population may be at risk of vaccine-preventable disease than non-Indigenous infants. There is a particular concern with regard to rotavirus, as Rotarix®, the rotavirus vaccine used in the National Immunisation Program in Australia, cannot be given to a child after 25 weeks of age.

Data on the five-year-old cohorts of Queensland children indicate that the gap between fully immunised Aboriginal and Torres Strait Islander children and non-Indigenous children is frequently reversed. The quarterly rates for five-year-old Aboriginal and Torres Strait Islander children in Queensland in recent years have been higher than non-Indigenous children.

This is a remarkable achievement and a testament to the support for childhood immunisation in Queensland's Aboriginal and Torres Strait Islander communities. However, these data can be misleading as they mask issues such as timeliness of primary immunisations and vulnerability of the younger age groups.

Figure 2: Differences between Indigenous and non-Indigenous immunisation rates



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Actions in response

The Queensland Health *Closing the Gap Performance Report 2015* recommends efficient use of recall systems, community leadership, support of immunisation programs and integration of immunisation services with community-based programs and services as effective strategies to address immunisation coverage issues.

The Communicable Diseases Branch (CDB) produced a discussion paper in 2016 focusing on immunisation coverage data for Aboriginal and Torres Strait Islander children at 12 months of age across Queensland. This paper highlighted issues and encouraged further activity to address the lower rates of immunisation for Aboriginal and Torres Strait Islander children compared with non-Indigenous children.

In August 2016, the Minister for Health and Minister for Ambulance Services wrote to the Chair of each of the 15 Hospital and Health Services (HHS) in Queensland to encourage their continued cooperation in addressing the challenges outlined in the discussion paper.

Towards the end of 2016, a plan for an intensive, state-wide approach to follow-up Aboriginal and Torres Strait Islander children overdue for immunisations was developed in collaboration with the Health Contact Centre (HCC) which had already commenced a whole-of-population, cohort-based follow-up initiative under the banner of *Immunise to 95*.

On 16 January 2017, under a new initiative called *Bubba Jabs on Time*, the HCC commenced weekly follow-up of all Aboriginal and Torres Strait Islander children less than 12 months of age who were identified on the Australian Immunisation Register (AIR) as overdue for immunisations.

From the commencement of this initiative through to 31 October 2017, a total of 1,932 children's records were followed up. Follow-up activities included:

- ✓ parent phone contact
- ✓ immunisation provider contact
- ✓ parent letter/email (where they cannot be contacted by phone)
- ✓ AIR correction of errors.

As a result of the follow-up activities over 500 records were updated. Approximately half of those updated records (250+) included children whose immunisation status became 'up-to-date'. Of those records not updated at the time of closure (approximately 1,400) almost half of these were in the process of being updated with ongoing activities such as:

- ✓ parents indicating they intended to have the child vaccinated in the future
- ✓ parents intending to send records to HCC to verify the child had received immunisations
- ✓ AIR informed of recording error requiring correction.

In addition, a range of strategies are underway in HHSs which aim to improve coverage by assisting Aboriginal and Torres Strait Islander families with their children's immunisation needs. CDB has provided additional resources to the Townsville HHS and the Cairns and Hinterland HHS where there are large populations of Aboriginal and Torres Strait Islander children and immunisation rates are comparatively low.

In Townsville, the project involving local services in follow-up activities with Aboriginal and Torres Strait Islander children overdue for immunisations is promoted as *Boots on the Ground*. Cairns HHS is developing a similar project, *Connecting Our Mob*, which will work with local communities and immunisation service providers to address barriers and assist families to get their children up-to-date with their immunisations.

CDB also funds an immunisation project located within the Queensland Aboriginal and Islander Health Council which supports Aboriginal Community-Controlled Health Services in the delivery of immunisation services.

Queensland Health is committed to improving childhood immunisation coverage rates across the Aboriginal and Torres Strait Islander population to protect families and communities from vaccine-preventable diseases. The goal is to achieve 95 per cent of all children up-to-date with scheduled childhood immunisations.

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Rotavirus vaccine

Changes to the National Immunisation Program, in July 2017 resulted in the replacement of the 3-dose Rota Teq® vaccine with 2-dose Rotarix® vaccine. All children in Queensland receiving rotavirus vaccination should only be receiving Rotarix® at 6 weeks and 4 months of age.

If you still have **Rota Teq®** in your vaccine refrigerator please **discard this vaccine** in your biological waste.

Refer to the table previously supplied if you are unsure of what a child is due to receive (also see a copy below) or check the child's immunisation record on the Australian Immunisation Register.

Looking after vaccines over the holiday period

Immunisation providers should note that the cut-off date for vaccine ordering prior to the Christmas break is Friday 15 December 2017. Orders taken up to the 15 December will be delivered in the following week i.e. the week before Christmas.

The Immunisation Program has a compulsory closure period from 25 December 2017 to 1 January 2018. The Immunisation Program will resume work on Tuesday, 2 January 2018. **The processing of vaccine orders will recommence on Tuesday, 2 January 2018**.

If your practice/clinic is closed over the Christmas and New Year period it is better not to order vaccine just prior to 15 December. Stock levels should be kept as low as possible prior to the holiday period.

National Immunisation Program
Rotavirus vaccine transition

1 July 2017

Important information for rotavirus vaccine transition

- 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 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 vaccine brand transition period, some infants may receive fewer doses than routinely scheduled when using the RotaTeq® brand. The specific recommendations will vary depending on the age of the child and previous rotavirus vaccination history.
- If *most* of an oral rotavirus vaccine dose has been spat out or vomited within minutes of administration, a single repeat dose can be administered during the same visit. If an infant regurgitates or vomits only a *small part* of a vaccine dose, it is not necessary to repeat the dose; that dose can be considered valid.

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**

* Also refer to Table 4.17.1 in the online Australian Immunisation Handbook (Appendix 1).

** In this scenario, administration of a 3rd dose of Rotarix® is not routinely recommended but would be acceptable if given prior to turning 25 weeks of age.

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Storm preparation—Remember your vaccines!

The summer storm season is already in full swing and inevitably brings with it the risk of power failures. Now is the time to check that everything is in place so that you can be confident that your vaccines will be as safe as possible.

Purpose-built vaccine refrigerators may only maintain an adequate temperature up to 20 minutes, especially if the refrigerator has a glass door. Two-door domestic refrigerators will maintain an adequate temperature up to four hours during a power failure (if left closed throughout the power loss period).

If you lose power, you may need to urgently transfer vaccines to your alternative storage such as a monitored cooler.

WARNING!
Now is the time to prepare for the storm season.

Check if your Vaccine Management Protocol (VMP) is up-to-date and that staff are aware of what to do in the event of a power outage or cold chain breach. Always refer to the *National Vaccine Storage Guidelines: Strive for 5*, Appendix 1 Vaccine Management Protocol.

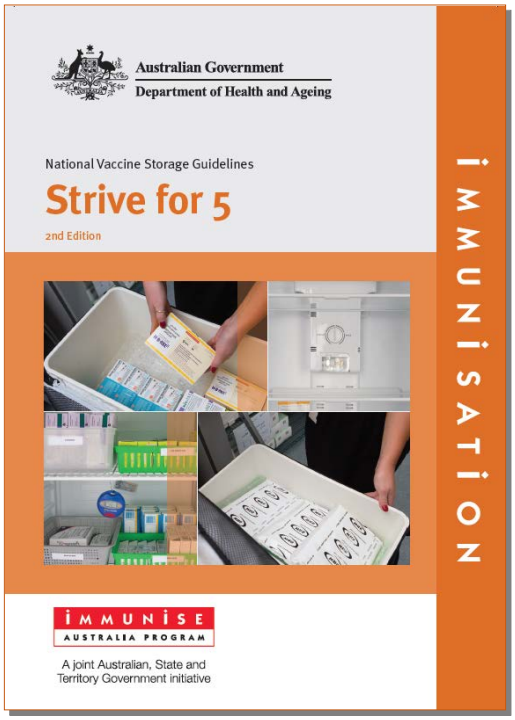
Vaccine Orders Christmas/New Year 2017-18

The deadline to order vaccines before the holiday period is:

CLOSE OF BUSINESS
FRIDAY 15 DECEMBER 2017
VACCINE ORDERING WILL RECOMMENCE
ON 2 JANUARY 2018

- If your practice is closed over the Christmas/New Year period, do not place an order prior to the closure
- Ensure you order enough vaccines before 15 December for the Christmas/New Year closure
- Ensure your Vaccine Management back-up plan is in place before the holiday period commences

The Immunisation Program wishes you a Merry Christmas



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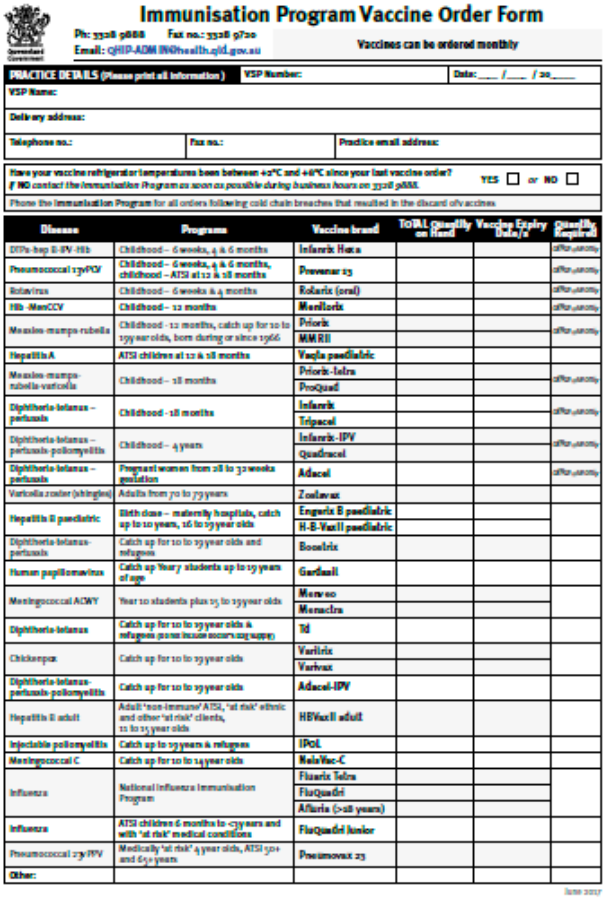
Contacting the Immunisation Program to order vaccines or to report a cold chain breach

Whenever you need to contact the Immunisation Program:

- ✓ Have your Vaccine Service Provider (VSP) name and VSP number ready before you contact the program
- ✓ To ensure vaccines are delivered to the correct place, advise of any changes to your practice/clinic details before placing a vaccine order i.e. change of name, ownership and/or location of the practice/clinic
- ✓ Please use the current Immunisation Program Vaccine Order Form when ordering vaccines via email or fax. Access the current up-to-date order form at https://www.health.qld.gov.au/__data/assets/pdf_file/0026/442952/vaccine-request-form.pdf
- ✓ When placing a Vaccine Order:
  - Count all Queensland Health funded vaccines including additional vaccines requested for catch-up, School Immunisation Program or refugees stored in your vaccine fridge
  - Consider additional vaccines to be administrated in the future, e.g. in two months' time
  - Indicate the number of vaccines required in the **'Quantity Required'** box.
- ✓ When reporting a **cold chain breach (CCB)** to the Immunisation Program (phone 3328 9888 between 8am and 4pm, Monday to Friday) make sure you have the following information prior to phoning:
  - VSP number (e.g. BN0000)
  - date the CCB occurred
  - the minimum and maximum temperature readings during the CCB
  - when the thermometer was last reset
  - period of time you think the temperature was outside +2°C and +8°C
  - the cause of the cold chain breach
  - have any vaccines been used since the CCB occurred.
- ✓ Count stock on hand as singles doses only, e.g. 1 box of 5 Tripacel = 5 doses
- ✓ If you do not have any stock on hand for a particular vaccine on the order form, please enter a zero **(0)**. Do not leave the item blank.



Immunisation Program Vaccine Order Form

Ph: 3328 9888 Fax no.: 3328 9720
Email: QHIP-ADMIN@health.qld.gov.au

Vaccines can be ordered monthly

PRACTICE DETAILS (Please print all information) | VSP Number: | Date: ___ / ___ / 20___

VSP Name:

Delivery address:

Telephone no.: | Fax no.: | Practice email address:

Have your vaccine refrigerator temperatures been between +2°C and +8°C since your last vaccine order? YES ☐ or NO ☐
If NO contact the Immunisation Program as soon as possible during business hours on 3328 9888.

Phone the Immunisation Program for all orders following cold chain breaches that resulted in the discard of vaccines

Disease	Program	Vaccine brand	TOTAL Quantity on Hand	Vaccine Expiry Date/s	Quantity Required
DTPa-hep B-IPV-Hib	Childhood – 6 weeks, 4 & 6 months	Infanrix Hexa			
Pneumococcal 13vPCV	Childhood – 6 weeks, 4 & 6 months, childhood – ATSI at 12 & 18 months	Prevenar 13			
Rotavirus	Childhood – 6 weeks & 4 months	Rotarix (oral)			
Hib -MenCCV	Childhood – 12 months	MenHibrix			
Measles-mumps-rubella	Childhood - 12 months, catch up for 10 to 19yr olds, born during or since 1966	Priorix MMR II			
Hepatitis A	ATSI children at 12 & 18 months	Vaqta paediatric			
Measles-mumps-rubella-varicella	Childhood – 18 months	Priorix-Tetra ProQuad			
Diphtheria-tetanus – pertussis	Childhood - 18 months	Infanrix Tripacel			
Diphtheria-tetanus – pertussis-poliomyelitis	Childhood – 4 years	Infanrix-IPV Quadracel			
Diphtheria-tetanus – pertussis	Pregnant women from 28 to 32 weeks gestation	Adacel			
Varicella zoster (shingles)	Adults from 70 to 79 years	Zostavax			
Hepatitis B paediatric	Birth dose – maternity hospitals, catch up to 10 years, 16 to 19 year olds	Engerix B paediatric H-B-Vax II paediatric			
Diphtheria-tetanus-pertussis	Catch up for 10 to 19 year olds and refugees	Boostrix			
Human papillomavirus	Catch up Year 7 students up to 19 years of age	Gardasil			
Meningococcal ACWY	Year 10 students plus 15 to 19 year olds	Menveo Menactra			
Diphtheria-tetanus	Catch up for 10 to 19 year olds & refugees (some incase 10yr supply)	Td			
Chickenpox	Catch up for 10 to 19 year olds	Varilrix Varivax			
Diphtheria-tetanus-pertussis-poliomyelitis	Catch up for 10 to 19 year olds	Adacel-IPV			
Hepatitis B adult	Adult 'non-immune' ATSI, 'at risk' ethnic and other 'at risk' clients, 11 to 15 year olds	HEVaxII adult			
Injectable poliomyelitis	Catch up to 19 years & refugees	IPOL			
Meningococcal C	Catch up for 10 to 14 year olds	NeisVac-C			
Influenza	National Influenza Immunisation Program	Fluarix Tetra FluQuadri Afluria (>18 years)			
Influenza	ATSI children 6 months to <15 years and with 'at risk' medical conditions	FluQuadri Junior			
Pneumococcal 23vPPV	Medically 'at risk' 4 year olds, ATSI 50+ and 65+ years	Pneumovax 23			
Other:					

June 2017

Thank you for your ongoing cooperation throughout 2017 and have a safe and happy Christmas!

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