

Immunisation Program Update

Issue No. 10
February 2018

From the manager

Welcome to the first issue of the Immunisation Program Update for 2018.

We are looking forward to the challenges and rewards of another busy year for the Immunisation Program. Last year we distributed over 2.5 million doses of 33 different vaccines to more than 1,800 immunisation providers across our vast state, which covers an area of almost two million square kilometres.

As autumn approaches, planning and preparation for the 2018 influenza program intensifies. In 2017, we distributed 848,294 doses of influenza vaccines. This year, with the advent of free influenza vaccine in Queensland for all children aged six months to less than five years, and with the inclusion of two new vaccines for people over 65 years of age, we anticipate another busy influenza program.

Look out for our special flu edition of the Update in March, which will focus on the 2018 influenza program.

In this issue, you can read about our new *Immunise Seniors* initiative which will follow up seniors who don't have a shingles vaccination recorded on the Australian Immunisation Register (AIR).

I hope the information provided in this, our tenth issue is helpful. Please email your feedback and any suggestions for future publications to the Immunisation Program's generic email address: immunisation@health.qld.gov.au

With best wishes!

Karen Peterson
Manager, Immunisation Program

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Preparation for the 2018 influenza program

Discarding 2017 influenza vaccine

Influenza vaccines provided during the 2017 National Influenza Immunisation Program should have now been discarded from your vaccine refrigerator stock.

The influenza vaccine and expiry dates supplied throughout 2017 are listed below:

Vaccine name	Expiry date
Fluarix Tetra™	31/12/2017
FluQuadri™	17/01/2018
FluQuadri™	11/01/2018
Afluria™	25/11/2017 02/12/2017 12/12/2017

Vaccine vials and sharps should always be disposed of appropriately in a rigid wall, puncture and leak proof container that meets the Australian Standard, and is the appropriate colour for the type of sharps waste.

Once the sharps container has been sealed and secured, it can be placed directly into a secondary container for transportation. There is no requirement to first place the sharps container into a plastic bag before disposal into a secondary container, as they are already contained.

Clinical waste must be placed in yellow bags and containers identified with the biohazard symbol and the words 'CLINICAL WASTE' marked prominently in black.



For further information please refer to the Department of Environment and Heritage Protection Guideline *Clinical and related waste* that can be found at the following website: www.ehp.qld.gov.au/assets/documents/regulation/pr-gl-clinical-and-related-waste.pdf

Influenza vaccines for the 2018 program

The World Health Organization has recommended the composition of the influenza vaccine for the southern hemisphere winter 2018 influenza season as:

- an A/Michigan/45/2015 (H1N1)pdm09 like virus;
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus; and
- a B/Phuket/3073/2013 like virus (Yamagata lineage).

Quadrivalent vaccines, containing two influenza B viruses, will include the above three viruses and a B/Brisbane/60/2008-like virus (Victoria lineage).

If you are interested to find out how the World Health Organization determines the composition of the annual influenza vaccine, information is available on their website at www.who.int/influenza/vaccines/virus/recommendations/2017_south/en/

Further information will be provided in the special flu edition of the Immunisation Update and resources will be sent directly to immunisation providers during March.

Zostavax® for seniors

Since November 2016, a free shingles vaccine program has been funded under the Australian Government's National Immunisation Program (NIP) for 70-year olds, with a time-limited catch-up program for people 71 to 79 years old until October 2021.

At the commencement of the program, the interest in the vaccine was unprecedented. Early shortages have been addressed and there is now ample stock available to meet ongoing demand.

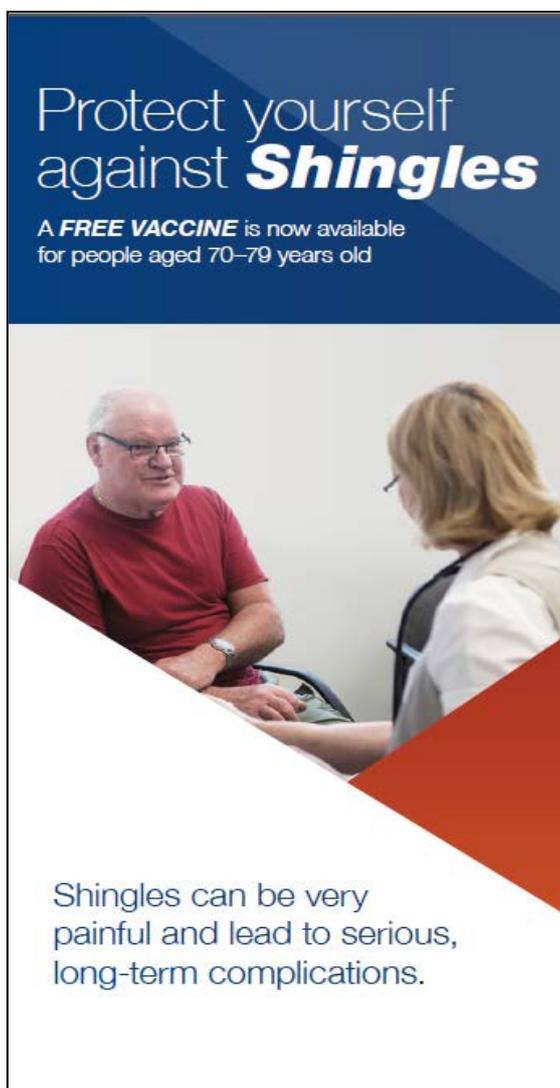
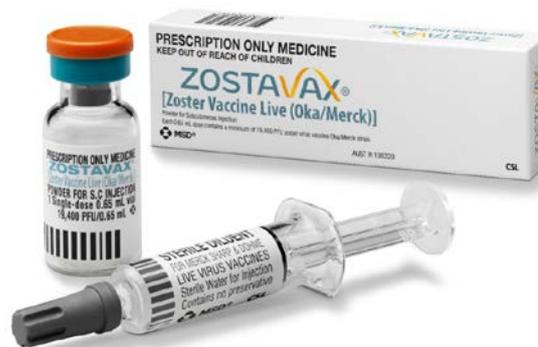
Zostavax® is available nationally and the vaccine is readily accessible to immunisation providers.

To assist in promoting the program and ensuring people 70 to 79 years old are protected against shingles, it is now timely that providers:

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- follow up with patients 70 to 79 years old who would benefit from the vaccine and who may have missed out earlier in the program.
- promote the vaccine to eligible people 70 to 79 years old through displaying the program posters and brochures in your clinic or health care facility.
- report vaccinations to the Australian Immunisation Register (AIR).

- It is important to report vaccination details for all age groups to ensure records are up to date and complete.



Clinical advice and promotional materials for the National Shingles Vaccination Program are available for download at the Australian Government Department of Health's new immunisation website at <https://beta.health.gov.au/> (type 'shingles' into the search field).

Details of the program were also outlined in our Update [Issue #4](#) (October 2016) with further advice provided in our Update [Issue #6](#) in April 2017.

Immunise Seniors

The Immunisation Program is proud to announce the commencement of *Immunise Seniors*: a new initiative to follow up seniors overdue for their shingles vaccination.

In February 2018, Queensland's Chief Health Officer, Dr Jeannette Young, wrote to nearly 11,500 seniors reminding them about the free shingles vaccine available under the National Immunisation Program.

Dr Young's letter (page 4) encourages seniors to talk to their GP about the shingles vaccine as well as other free vaccines they may be eligible for.

Immunise Seniors will be implemented over the next couple of years. Queenslanders aged 70 years and six months to 70 years and nine months who have no record of shingles vaccination on the Australian Immunisation Register will receive a letter.

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Australian Government Department of Health Shingles brochure

Reminder:

- Shingles vaccine (Zostavax[®]) is a live attenuated vaccine and cannot be given to seniors who are immuno-compromised.
- Only one dose of Zostavax[®] is required, therefore please check the AIR before vaccination to avoid unnecessary doses.

Immunise Queensland: A reminder about shingles vaccination

Name & Address

Dear Sir / Madam,

Under the National Immunisation Program, a free shingles vaccine is available for 70 year olds. The vaccine is also free for 71 to 79 year olds until October 2021.

I am writing to you as the Australian Immunisation Register shows that you have not yet received your vaccine. If you have already had your shingles vaccination please check with your doctor as your record on the Australian Immunisation Register may need updating.

Shingles is a very painful condition that can lead to persistent chronic nerve pain and other complications. Shingles can have a substantial impact on a person's quality of life. Vaccination is the best way to protect you from this painful and debilitating condition.

I encourage you to talk to your GP about the shingles vaccine. There are some medical conditions where shingles vaccine should not be given – so please check with your doctor first to see if it is appropriate for you.

You should also ask your doctor about other free vaccines to keep you healthy, such as influenza and pneumococcal vaccines. Your doctor may also recommend a booster dose of diphtheria-tetanus-pertussis (whooping cough) vaccine, however this vaccine is not free.

If you have any enquiries about this letter, please call **13HEALTH (13 43 25 84)** and ask for the *Immunise Queensland* team. All information you provide will be confidential.

Yours sincerely

Dr Jeannette Young
Chief Health Officer



For an interpreter, please call the Translating and Interpreting Service (TIS National) on 131 450 and ask them to telephone 13HEALTH (13 43 25 84).

What's your date to **vaccinate?**



Vaccine packaging changes

Please note that the Infanrix®hexa and boostrix® single dose packs no longer contain a needle. Please refer to **Section 2.2 Administration of vaccines** in the online version of [The Australian Immunisation Handbook](#) to make sure the appropriate needle size is used to administer these vaccines. The relevant section of Table 2.2.2 from the Handbook is reproduced below for your information.



Table 2.2.2: Recommended needle size, length and angle for administering vaccines [11,17,19,22,26](#)

Age or size of child/adult	Needle type	Angle of needle insertion
Infant, child or adult for IM vaccines	23 or 25 gauge,* 25 mm in length†	90° to skin plane

* If using a narrow 25 gauge needle for an IM vaccination, ensure vaccine is injected slowly over a count of 5 seconds to avoid injection pain and muscle trauma.

† The use of short needles for administering IM vaccines may lead to inadvertent SC injection and increase the risk of significant local adverse events, particularly with aluminium-adsjuvanted vaccines (e.g. hepatitis B, DTPa, DTPa-combination or dT vaccines).

Inactivated poliomyelitis vaccine packaging has also changed. The outer cardboard box volume is reduced by 50 per cent compared with the previously used box (see image 1 below). It also has a new opening system for the outer cardboard box that requires the user to break through the perforation to open (see image 2 below), and an anti-counterfeit hologram ensures authenticity of the product.



Image 1



Image 2

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Introduction of Gardasil[®] 9 in the School Immunisation Program



From 2018, Australian adolescents aged 12–14 years will be offered greater protection against HPV under the National Immunisation Program (NIP). Queensland Year 7 students will be offered the free 9-valent HPV vaccine (Gardasil[®] 9) in a 2-dose schedule through the School Immunisation Program (SIP). Gardasil[®] 9 replaces the 4-valent HPV vaccine (Gardasil[®]), for which a 3-dose schedule has been used.

Gardasil[®] 9 includes the HPV types covered by Gardasil[®] (6, 11, 16 and 18) and extends the protection against disease caused by HPV by inclusion of an additional five oncogenic HPV types (31, 33, 45, 52 and 58). The two doses of Gardasil[®] 9 should be administered 6 to 12 months apart.

Immunocompromised individuals (with select major medical conditions) require three doses of Gardasil[®] 9 to attain adequate protection (all doses are funded under the NIP). Individuals who are aged ≥ 15 years (i.e. on or passed their 15th birthday) at the time of their first HPV vaccine dose require a 3-dose HPV vaccine schedule.

The [Australian Technical Advisory Group on Immunisation \(ATAGI\) Clinical Advice](#) provides further information about Gardasil[®] 9 and specific recommendations for use of Gardasil[®] 9 to complete an HPV schedule.

Further information can be found on the Immunise Australia website at

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/clinical-updates-and-news#toc_Gardasil

In Queensland, Gardasil[®] 9 is being distributed to school immunisation providers for commencement of the program in term 1. Other immunisation providers will be provided Gardasil[®] 9 in their usual monthly orders as soon as possible after this distribution.



Make sure you've updated your practice software to include Gardasil[®] 9 so you are able to record the correct vaccine to the Australian Immunisation Register (AIR).

Extension of Meningococcal ACWY Vaccination Program

Due to the continuing cases of meningococcal W and Y disease in Queensland, the Meningococcal ACWY Vaccination Program has been extended.

State funded meningococcal ACWY vaccine will be offered to:

- all Year 10 students through the School Immunisation Program in school years 2018 and 2019, and
- all adolescents aged between 15 and 19 years of age through GPs and other community immunisation providers until 31 December 2018.

Further details about Queensland's Meningococcal ACWY Vaccination Program can be found in a communique issued in January 2018 (see page 7).

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On 2 February 2018, the Federal Minister for Health, The Honourable Greg Hunt MP, announced that meningococcal ACWY vaccine will be added to the National Immunisation Program (NIP) for 12 month old infants in the second half of 2018. More information about this program will be provided in due course.

In March 2018, the Australian Government's Pharmaceutical Benefits Advisory Committee (PBAC) will also consider listing meningococcal ACWY vaccine on the NIP for adolescents.

Want to know more about meningococcal disease?

Read the article [What is meningococcal disease and what are the options for vaccination?](#) by Associate Professor Nicholas Wood from the National Centre for Immunisation Research and Surveillance, available on [The Conversation website](#) at <http://bit.ly/2BbYO7S>

Queensland Health

Meningococcal ACWY vaccination program

Update: January 2018

Update for immunisation providers

There are continuing to be cases of meningococcal W and Y disease in Queensland. These strains of meningococcal disease, whilst uncommon, are particularly serious and vaccination is the best way to be protected.

As of 31 December 2017, there had been 68 cases of meningococcal disease recorded in Queensland. This case number is high compared with a five year, year-to-date mean of 37 cases.

The Queensland Department of Health is currently providing meningococcal ACWY vaccine free-of-charge through general practitioners and other community immunisation providers to anyone aged 15 to 19 years. This program has been extended until 31 December 2018.

The vaccine is also being offered to high school students as part of the school based vaccination program in year 10 in 2018, and was offered as part of this program in 2017.

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 to reduce the spread of meningococcal bacteria to the wider community.

The meningococcal ACWY vaccine provides protection against four strains of invasive meningococcal disease. 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?

- Offer meningococcal ACWY vaccine opportunistically to all 15 to 19 year olds
- Actively promote the program for all 15 to 19 year olds through recall and reminders
- Provide catch-up for those year 10 and 11 students who may have missed the vaccine offered as part of the school based vaccination program

Ordering vaccine

Please order the meningococcal ACWY vaccine as part of your regular Queensland Health Immunisation Program stock ordering process.

Recording vaccination

All meningococcal ACWY vaccinations administered as part of this program should be recorded in the usual way.

Questions?

Contact your local Public Health Unit. Details at www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units

For enquiries about vaccine supply, contact the Queensland Health Immunisation Program at QHIP-ADMIN@health.qld.gov.au



Meningococcal ACWY vaccination program update for immunisation providers

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Rotavirus notifications increase

There has been an increase in notifications of rotavirus in 2017, including 527 notifications in quarter 4. Notifications in 2017 (2,335) were approximately double the previous 5-year annual average (1,087). The highest rate of notification in 2017 was in children aged younger than 1 year.

Towards the end of 2015 there was an increase in notifications in children aged younger than one year, which continued into 2017. At the end of 2015, two laboratories in Queensland introduced PCR testing for rotavirus infection. PCR is more sensitive for rotavirus detection than the previously used antigen detection methods; however, with current assays, discrimination between wild-type rotavirus and the vaccine strains is not possible. Many of the notified cases in the age group targeted for vaccination are unlikely to be wild-type infections. Further work to investigate these cases is ongoing. During 2006–2016, confirmed rotavirus cases were notified in line with the Queensland case definition – detection of rotavirus by antigen assay, nucleic acid testing (PCR), electron microscopy, or isolation.

In 2017, it was proposed that rotavirus become a nationally notifiable condition. In preparation for this, from 1 January 2017, Queensland introduced a case definition for confirmed and probable cases. The probable case definition includes those cases in the vaccinated age group who are PCR positive, where testing does not distinguish between wild-type and vaccine-related virus.

Vaccines for rotavirus first became available in Australia in early 2006 and were added to the National Immunisation Program from 1 July 2007. At this time, Queensland began vaccinating children with RotaTaq (Merck/Seqirus) in a 3-dose schedule administered orally at 2, 4, and 6 months of age.

From 1 July 2017, oral rotavirus vaccine Rotarix® (given in a 2 dose schedule) replaced RotaTaq® in Queensland for children younger than 6 months of age. Since the introduction of rotavirus vaccines in Australia, there has been a 60–70 per cent decline in rotavirus hospitalisations in children under 5 years of age. This represents approximately 7,000 children who have avoided hospitalisation for gastroenteritis each year.

Unlike other NIP vaccines, there are **upper** age limits for the administration of both the 1st and final doses of rotavirus vaccines. If the 1st dose of rotavirus vaccine is not provided by the specified age, the vaccine course should not be started. On time vaccination against rotavirus is therefore important if children are to be fully immunised and protected against rotavirus disease.

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