

Immunisation Program Update

Issue No. 20 | July 2020

From the Manager

Thank you to all our immunisation providers who have helped us deliver this year's influenza vaccination program to Queensland communities. To date, more than 1.46 million doses of influenza vaccine have been distributed to providers across the state. By comparison, approximately 1.34 million doses of influenza vaccine were distributed through the Immunisation Program last year.

Flu numbers for the first few months of this year were significantly higher than the previous five year mean, but national and international border restrictions, quarantine measures, huge reductions in mass gatherings, social distancing and good hygiene practices mean that since mid-March we have been recording very low flu notifications in Queensland (see Figure 1). There's no room for complacency though and we still encourage everyone who has not been vaccinated against influenza this year to do so.

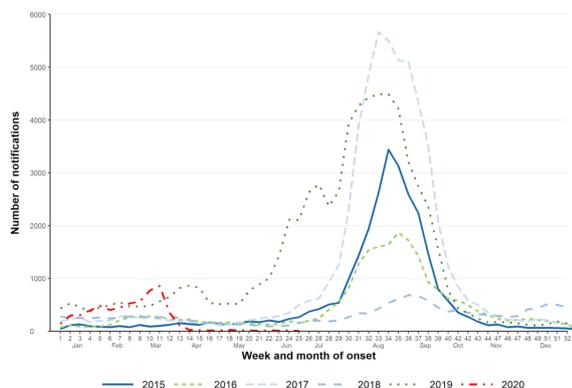


Figure 1: Laboratory confirmed influenza notifications in Queensland, by week and month of onset, 1 Jan 2015 to 21 Jun 2020.

Please remind your clients that government funded vaccine is available for people at high risk of influenza related morbidity and mortality. Whilst demand for the influenza vaccine for people aged 65 and older (Fluad Quad®) has been high, we would particularly like to see more children under five immunised.

1 July 2020 is the date for commencement of a revised and improved National Immunisation Program (NIP) schedule. Based on recent clinical evidence there are significant changes to the

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schedule and funding particularly regarding pneumococcal vaccines for people with risk conditions which prior to the changes was complex and challenging for patients, providers and programs. By using the same recommendations for all those at risk and providing funded doses to many Australians with risks factors immunisation decisions should be easier.

We welcome the introduction of meningococcal B vaccine for Aboriginal and Torres Strait Islander children for whom epidemiological studies have shown have a significantly higher (3 to 4 times) risk of infection than non-Indigenous children.

We also welcome eligibility for funded vaccines for people without a functioning spleen. There's further information about this and all the changes, plus links to resources to assist immunisation providers, throughout this edition of the Immunisation Update. I hope the information and advice provided is helpful.

Best wishes to all.

Scott Brown
Acting Manager
Immunisation Program

National Immunisation Program—1 July 2020 immunisation schedule changes

A new schedule

From 1 July 2020 there will be changes to the immunisation schedule. The changes are being implemented following recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) and are designed to improve protection against **meningococcal** and **pneumococcal** disease, as well as **Haemophilus influenzae type b**. In order to accommodate these changes there are also changes to the **hepatitis A** vaccination schedule for Aboriginal and Torres Strait Islander children.

To help support immunisation providers in adopting these changes, the Queensland Health Immunisation Program has prepared a new A3 schedule resource, which has been mailed out to all Queensland providers and is also available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule>.

The following sections provide further detail about each of the schedule changes.

Pneumococcal vaccination schedule changes

From 1 July 2020, the NIP funded pneumococcal vaccination schedule will change to reflect the current best clinical evidence in preventing pneumococcal disease in adults and in people with conditions that increase their risk of disease. The changes seek to simplify vaccination advice by making it easier to understand who should get vaccinated, when and which vaccine they should get.

The new recommendations are:

- Individuals aged >12 months with risk conditions for pneumococcal disease are recommended to receive 1 dose of 13vPCV and 2 lifetime doses of 23vPPV.
- Children diagnosed with risk conditions for pneumococcal disease at ≤12 months of age who have received 4 doses of 13vPCV according to the existing recommendations do not require an additional 13vPCV dose.
- Aboriginal and Torres Strait Islander

children who reside in NT, Qld, SA and WA are already recommended to receive an extra dose of 13vPCV. In addition, they should now receive two doses of 23vPPV.

- All Aboriginal and Torres Strait Islander adults ≥50 years of age are recommended to receive 13vPCV and two doses of 23vPPV.
- Older non-Indigenous Australians without risk conditions for pneumococcal disease should now receive a single dose of 13vPCV at age ≥70 years, rather than 23vPPV from ≥65 years.
- People should only receive a maximum of 2 lifetime doses of Pneumovax 23.

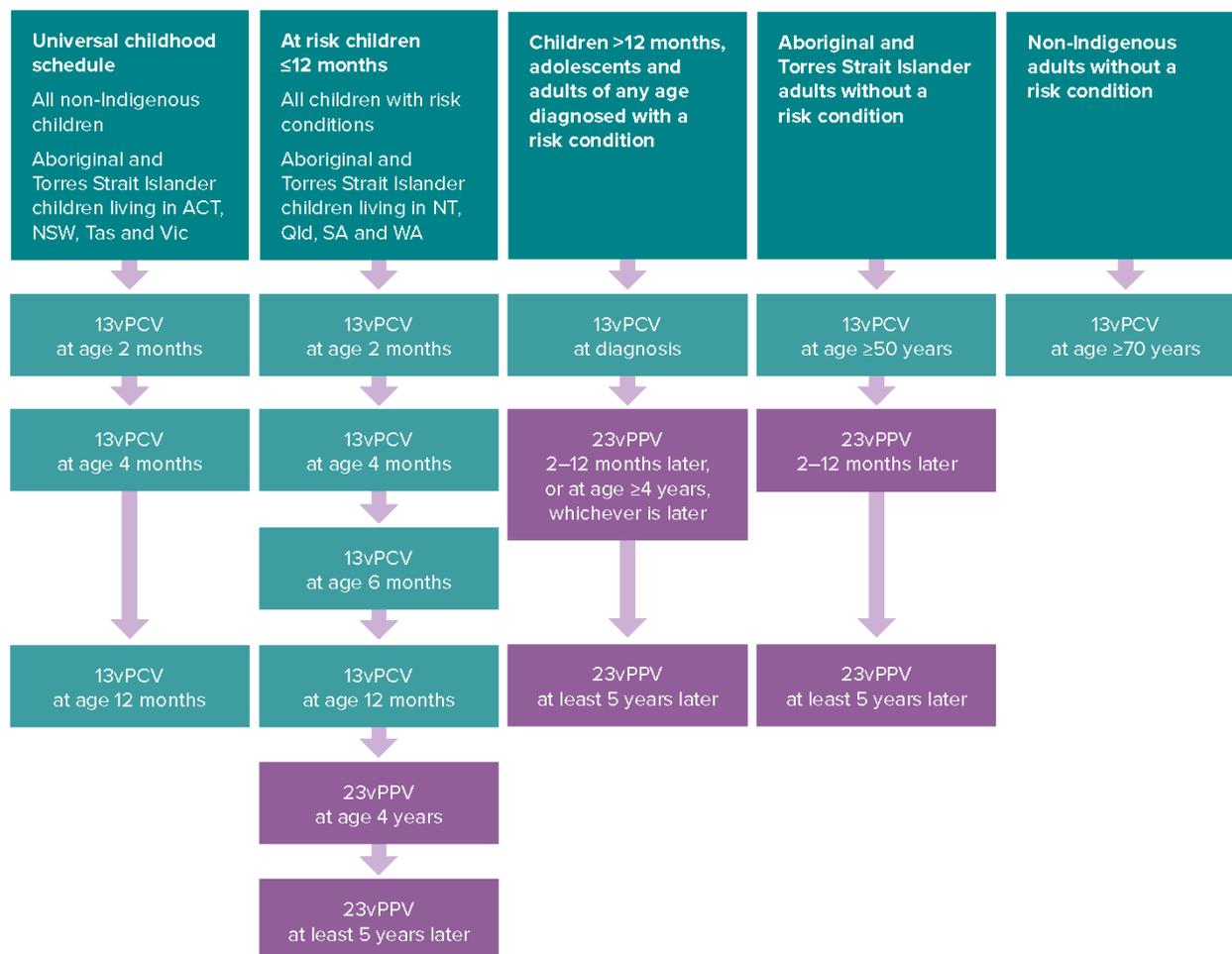
The clinical decision tree (Figure 2) provided on the next page provides a helpful visual tool for determining the recommended pneumococcal vaccination schedule based on a patient's eligibility criteria.



National Immunisation Program—1 July 2020 immunisation schedule changes

Pneumococcal vaccination schedule changes (continued)

Figure 2. Clinical decision tree for immunisation providers—NIP funded pneumococcal vaccine schedule from 1 July 2020



Source: Australian Government Department of Health. (2020). *NIP Pneumococcal vaccination schedule from 1 July 2020—Clinical decision tree for vaccination providers*. www.health.gov.au/resources/publications/national-immunisation-program-pneumococcal-vaccination-schedule-from-1-july-2020-clinical-decision-tree-for-vaccination-providers

In addition to changes to the recommendations for the pneumococcal vaccine, the list of conditions that increase the risk of pneumococcal disease has been revised and simplified to a single list of risk conditions.

The pneumococcal vaccines recommended for many of those with risk conditions are now funded under the NIP for children and adults. However, for other risk conditions, where the rate of disease is not sufficiently high enough to be cost-effective, people will not be eligible to receive the recommended pneumococcal vaccines under the NIP.

The list of risk conditions for pneumococcal disease both funded and not funded under the NIP is set out in the *NIP Pneumococcal vaccination schedule from 1 July 2020—Clinical decision tree for vaccination providers* resource as well as on the Australian Immunisation Handbook website.

Further information on the changes to the pneumococcal vaccination schedule can be found at: www.health.gov.au/news/clinical-update-national-immunisation-program-nip-schedule-changes-from-1-july-2020-advice-for-vaccination-providers

National Immunisation Program—1 July 2020 immunisation schedule changes

Meningococcal vaccination schedule changes

Meningococcal B vaccination for Aboriginal and Torres Strait Islander children

From 1 July 2020, the meningococcal B vaccine (Bexsero®) will be funded through the NIP for Aboriginal and Torres Strait Islander children less than 2 years of age.

The incidence of invasive meningococcal disease (IMD) caused by serogroup B is highest in young children compared with other age groups and it is about four times higher in Aboriginal and Torres Strait Islander children aged less than 2 years than in non-Indigenous children.

The number of Bexsero® doses required depends on age and presence of any medical conditions that increase the risk of IMD.

Further information on the changes can be found at: www.health.gov.au/news/clinical-update-national-immunisation-program-nip-schedule-changes-from-1-july-2020-advice-for-vaccination-providers



IMPORTANT NOTE ON PROPHYLACTIC PARACETAMOL:

Children less than 2 years of age are recommended to receive prophylactic paracetamol with every dose of Bexsero®.

This is because of the increased risk of fever associated with receiving Bexsero®.

- First dose (15 mg/kg/dose) within 30 minutes before, or as soon as practicable after receiving the vaccine
- This can be followed by two more doses given 6 hours apart regardless of whether the child has a fever.

It is important to alert parents to buy paracetamol prior to vaccination.

Meningococcal B and meningococcal ACWY vaccines for people with some medical risk conditions

From 1 July 2020, both the meningococcal B vaccine (Bexsero®) and meningococcal ACWY vaccine (Nimenrix®) will be funded under the NIP for people of all ages with some medical conditions that increase their risk of IMD. These specified medical conditions are:

- defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency
- current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)
- functional or anatomical asplenia, including sickle cell disease or other haemoglobinopathies, and congenital or acquired asplenia.

The number of doses required will depend on age. Refer to the Meningococcal section in the **Australian Immunisation Handbook** for further information.

National Immunisation Program—1 July 2020 immunisation schedule changes

Other vaccination schedule changes

Hepatitis A vaccination for Aboriginal and Torres Strait Islander children

To accommodate implementation of the new NIP-funded meningococcal B vaccination program for Aboriginal and Torres Strait Islander children aged less than 2 years, from 1 July 2020 the hepatitis A vaccination schedule points on the NIP for Aboriginal and Torres Strait Islander children in NT, Qld, SA and WA will change to 18 months and 4 years of age (instead of 12 and 18 months).

Further information on the changes can be found at: www.health.gov.au/news/clinical-update-national-immunisation-program-nip-schedule-changes-from-1-july-2020-advice-for-vaccination-providers

People without a functioning spleen are now eligible for funded vaccines on the National Immunisation Program

There are currently more than 4000 Queenslanders living without a spleen (asplenia) or with reduced splenic function (hyposplenism). People with asplenia or hyposplenism face a lifetime higher risk for overwhelming infection which can rapidly progress to life-threatening illness. Because of the speed in which the infections can develop, they are often very difficult to treat and can be fatal.

To reduce the risk of developing infection, it is important that patients receive:

- education specific to their condition
- certain vaccinations
- emergency antibiotics if they develop early symptoms of infection.

From 1 July 2020, vaccines that are recommended for people without a functioning spleen will be funded through the NIP. The funded vaccines are as follows:

- Pneumococcal: Prevenar 13, Pneumovax 23
- Meningococcal ACWY: Nimenrix
- Meningococcal B: Bexsero
- *Haemophilus influenzae* type B: Act-HIB

Queensland Health encourages Queensland medical practitioners to review the vaccination status of eligible patients and discuss immunisation with them. Clinicians should check the Australian Immunisation Handbook for details about vaccinations for eligible patients.

Queensland Health engages Spleen Australia to provide services to asplenic or hyposplenic Queenslanders. Spleen Australia aims to prevent serious infections in people who lack a functioning spleen by raising awareness and educating patients, their families and medical practitioners. Queensland Health recommends Queensland medical practitioners refer all eligible patients to Spleen Australia. Patients can also register themselves with Spleen Australia via the Spleen Australia website: www.spleen.org.au/.

More information is provided on the Queensland Health website: <https://www.qld.gov.au/health/staying-healthy/community/programs/spleen>

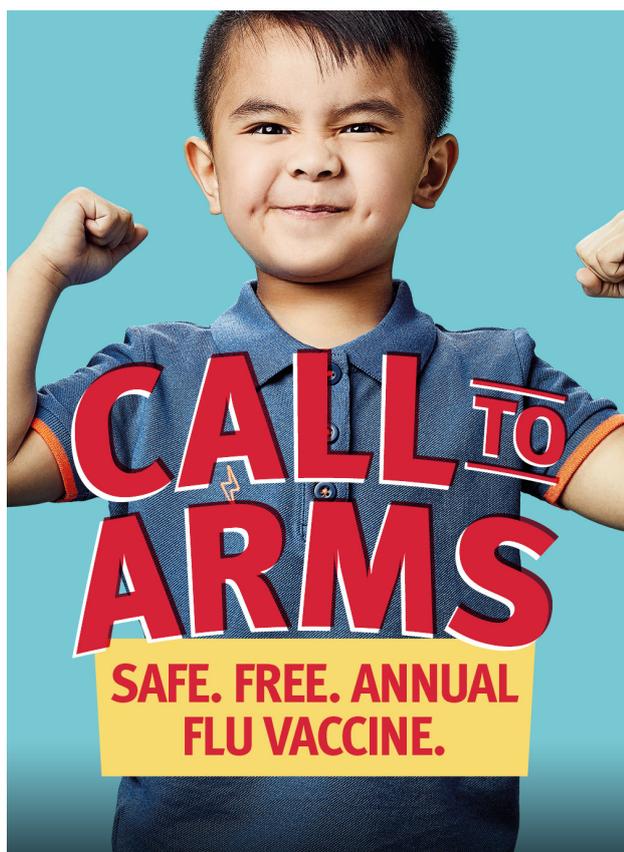
Video now available!

NCIRS webinar—16 June
NIP changes: what you need
to know

This NCIRS webinar provided an overview of the NIP Schedule changes that come into effect from 1 July 2020 and the key points that healthcare professionals need to know.

**CLICK HERE
TO WATCH**

Childhood influenza vaccination reminder



'Call to Arms'

A reminder that all children aged 6 months to less than 5 years of age are eligible for free influenza vaccine under the National Immunisation Program.

The Queensland Health Immunisation Program urges immunisation providers to encourage parents have their children vaccinated against influenza.

Children require two doses of influenza vaccine one month apart if this is their first year of receiving influenza vaccine. Children aged 6 months to less than 5 years can receive:

- FluQuadri® **or**
- Vaxigrip Tetra® **or**
- Fluarix Tetra®.

Queensland Health will also be running the 'Call to Arms' campaign again this year, encouraging parents to have their children vaccinated against influenza infection.

PLEASE NOTE: Weekly orders for influenza vaccine ceased 30 June 2020

**AVAILABLE
NOW**

National Immunisation Catch-up Calculator

A National Immunisation Catch-up Calculator (NICC) for children up to 10 years of age has been released by the Australian Government Department of Health.

Immunisation providers and parents are able to input key information such as the following to determine the catch up vaccination schedule required:

- Name, address and date of birth
- Indigenous status
- Past vaccination history, by either antigen or vaccine names.

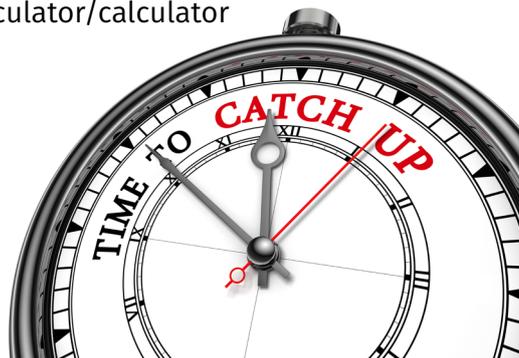
The catch-up calculation output can be printed in hard copy.

The NICC has been developed by the Australian Government Department of Health to replace the current immunisation calculator hosted

on the South Australian Department of Health website.

National Immunisation Program schedule changes will be incorporated into the calculator. Future releases of the NICC will focus on expanding to people over the age of 10.

You can access the NICC at: <https://immunisationhandbook.health.gov.au/catch-up-calculator/calculator>



Tips & Tricks.

Using your practice software for recording immunisations

What? A new resource for practice staff which gives some helpful suggestions about using practice software to record immunisations.

Why? Less recording errors on patient records and on the Australian Immunisation Register (AIR).

Where? Look on the National Centre for Immunisation Research and Surveillance's (NCIRS) website at: <http://www.ncirs.org.au/health-professionals/ncirs-fact-sheets-faqs> - click on the link to 'Vaccines delivery and AIR'.

Download the Immunisation Handbook app



The app and online Australian Immunisation Handbook are continually updated and the most accurate source of information for immunisation providers.

Download the official app from your app store today!

Download instructions:

1. Search for "Immunisation Handbook" in your app store
2. Select the Australian Immunisation Handbook app
3. Click the Download icon to start
4. When the download is finished, you can open the app.

Updated Immunisation Program vaccine order form available from 1 July 2020

The Immunisation Program vaccine order form has been updated to reflect the schedule changes and is available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/manage>

Please place your monthly orders by downloading and completing this form and then emailing it to QHIP-ADMIN@health.qld.gov.au

You will also find other relevant forms such as the 'cold chain breach form' and the 'vaccine discard and transfer form' at this website.

