

Sharp and to the Point

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This newsletter is produced by the Immunisation Section of the Communicable Disease Control Branch, SA Health. If you have any feedback, comments, suggestions of what you would like to see in future editions, please contact Sara Almond on phone 1300 232 272, fax (08) 8226 7197 or email sara.almond@sa.gov.au.





A Christmas message and VDC closure dates

As this is the last 2017 edition of Sharp and to the Point, the Immunisation Section would like to take this opportunity to thank all immunisation providers for your valuable work throughout the year and wish you all a very happy, safe and enjoyable festive season. We look forward to a productive 2018.

The Vaccine Distribution Centre will be closed from Monday 18 December 2017 and will re-open Tuesday 2 January 2018

2018 National Immunisation Program

Gardasil®9 in a two dose schedule replaces the three dose Gardasil® schedule in the School Immunisation Program from 2018

From January 2018, the nine valent Gardasil®9 replaces the four valent vaccine Gardasil® in the adolescent schedule National Immunisation Program (NIP). Gardasil®9 offers protection against the four HPV types in the Gardasil vaccine plus an additional five HPV types (6, 11, 16, 18, 31, 33, 45, 52, and 58), further increasing the protection against diseases associated with human papillomavirus. From 2018, Gardasil®9 will be delivered as a two dose schedule through the South Australian Year 8 School Immunisation Program. A six month interval is required between doses for students < 15 years of age. Those commencing the course at ≥ 15 years of age and some immunocompromised persons will require a three dose schedule of Gardasil®9 delivered at 0,2 and 6 months.

The Australian Technical Advisory Group on Immunisation (ATAGI) have endorsed and will shortly publish clinical advice to support the introduction of Gardasil®9 into the school-based NIP. This advice includes the requirements for catch up for those who have already commenced a course of Gardasil® prior to 2018 and guidelines for those who may require a three dose course of vaccine.

Updates to the human papillomavirus (HPV) chapter of the Australian Immunisation handbook are in progress. .

Further information will be available on the [Immunise Australia](#) website.

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The 'No Jab No Play' Proposal

The former Minister for Health and the Prime Minister have both advocated for a tougher stance regarding immunisation in early childhood care services. In response, amendments to the South Australian Public Health Act 2011 have been proposed - the South Australian Public Health (Immunisation and Early Childhood Care Services) Amendment Bill 2017, also known as the 'No Jab No Play' Bill.

The proposed amendments are summarised below:

- Children must be age appropriately immunised, on an immunisation catch-up program, or meet the exemption requirements in order to attend early childhood care services. The exemptions are those currently endorsed under the Commonwealth's *No Jab No Pay* policy. In addition, SA Health is able to permit further exemptions if required.
- Parents/guardians will need to provide early childhood care services with evidence that their child meets the immunisation requirements. These records must remain current and will need to be kept by the service whilst the child is enrolled. Acceptable evidence under the Bill includes an Australian Immunisation Register (AIR) Immunisation History Statement, or documents of a kind approved by the South Australian Chief Public Health Officer.

- A child with a vaccine preventable disease or who is at risk of getting a vaccine preventable disease may be excluded from the early childhood care service when an outbreak of that disease is occurring at the service.

Early childhood care services are defined in the Bill as those which provide care of young children (under the age of six years) for fee or reward such as:

- childcare (also called centre based care, long day care and early learning centres)
- family day care
- preschool and kindergarten
- rural care program
- mobile child care services, and
- occasional care

Any penalties for non-compliance with the proposed amendments are incurred by the early childhood service.

At the time of writing, the Bill has been introduced into Parliament and, if approved, it is expected the implementation date will occur 6-12 months thereafter.

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Changes to Health Care Worker immunisation requirements

Health Care Workers (HCWs) have an increased risk of acquiring some vaccine preventable diseases and of transmitting these diseases to other health care workers, other employees, patients, family members and visitors in SA Health services. SA Health has a duty of care and a responsibility under the *Work Health and Safety Act (SA) 2012* to minimise the transmission of vaccine preventable diseases in the workplace.

The *Immunisation for Health Care Workers in South Australia Policy Directive* (Policy Directive) defines the minimum standards which SA Health services are required to implement in the workplace to minimise the transmission of these diseases. The Policy Directive **requires all HCWs who have direct or indirect contact with patients or blood or other body substances to know their immune status** for selected vaccine preventable diseases. Documented evidence of immune status is required for some of the diseases covered by the Policy Directive. Model documents are available to support implementation of the Policy Directive and can be adapted by education providers and Local Health Networks in implementing the policy.

General practices whose patients include HCWs or student HCWs may be involved in completing some of the documentation related to the Policy Directive, particularly related to the *HCW immunisation screening questionnaire and Certificate of Compliance* form.

For more information please visit [Health Care Workers immunisation requirements](#) on the SA Health website.

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Rabies Reporting Reminder

A reminder that a bite /scratch from an animal overseas or an Australian bat could be a potential rabies/Australian bat lyssavirus exposure and **must be reported to SA Health** as soon as possible.

The Immunisation Section, CDCB, will then advise on an individual post exposure treatment (PET) plan based on the type of exposure. Rabies PET is classed as an urgent treatment as the disease is almost invariably fatal.

Vaccines used for post exposure treatment are funded, if coordinated through SA Health.

Rabies or lyssavirus Post exposure treatment

Information on Rabies and Australian bat lyssavirus including how to report can be accessed from www.sahealth.sa.gov.au/immunisationprovider and clicking on the blue launch button "Rabies or lyssavirus Post Exposure Treatment"

Reports can also be submitted by contacting the Immunisation Section on 1300 232 272.

Before submitting a report, ensure you contact the Immunisation Section and advise that a report has been sent. This will ensure treatment can commence immediately.

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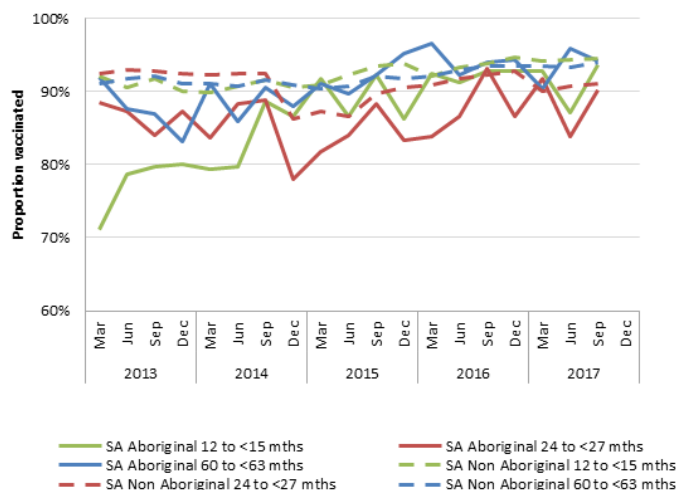
Aboriginal Immunisation Strategy – Update

South Australian Immunisation Rates ~ July to September 2017

South Australian Aboriginal immunisation coverage rates for the September quarter were fantastic for all cohorts, especially the 12 month cohort. A BIG thank you to all providers for all the hard work put in following up both due and overdue Aboriginal children.

12 month olds	<ul style="list-style-type: none"> Aboriginal coverage = 93.6% ↑ 6.5% from last quarter Highest rates since 2009 1.5% ↑ national Aboriginal average Non Aboriginal 12 month olds = 94.4% Equivalent to national average
24 month olds	<ul style="list-style-type: none"> Aboriginal coverage = 90.2% ↑ 7.9% from last quarter (awesome result) 0.9% ↑ Aboriginal national average Non Aboriginal 24 month olds = 91.0% 91.3% national average
60 month olds	<ul style="list-style-type: none"> Aboriginal coverage = 94.2% ↓ 1.7% from last quarter National average = 96.3% Above non Aboriginal coverage Non Aboriginal 60 month olds = 93.9% Equivalent to national average

Percentage of Aboriginal children and Non-Aboriginal Children fully immunised in South Australia aged 12 months to less than 63 months



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The role of Aboriginal Health Practitioners and responsibilities with immunisation

To immunise in South Australia, an Aboriginal Health Practitioner (AHP) has to complete the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Primary Health Care Practice and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

An AHP can only administer a vaccine under direct or indirect supervision of a medical practitioner or an authorised registered nurse (as per the Vaccine Administration Code, March 2017). The medical practitioner or authorised RN is responsible for completing the pre vaccination assessment and gaining a valid consent of the individual to be vaccinated. This is applicable even if the AHP has completed the SA Health *Understanding Vaccines and the National Immunisation Program* online education course.

The organisation employing the AHP is also required to ensure that the AHP is competent to immunise.

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Injection site reactions – what to report

Swelling, redness and pain at the site can be a common side effect from any injection.

Pain, redness, itching, swelling or burning at the injection site is the most commonly experienced injection site reactions (ISR) after vaccination. These reactions are generally mild and are very short lived.

Injection site nodules are also reasonably common and may remain for many weeks after vaccination and do not require any specific treatment.

In some cases, though rare, a more serious ISR can occur i.e. an extensive limb swelling (ELS) which is swelling and/or redness involving at least half the circumference of the limb and the joints both above and below the injection site. Usually occurring within the first 48 hours after vaccination and resolving without complications within one to seven days.

Treatment can include oral pain relief and cold compress if required. If the child is otherwise well treatment such as antibiotics and antihistamines are generally not required.

A history of extensive limb swelling after vaccination is not a contraindication to further vaccinations.

Any serious or unexpected adverse event following immunisation should be promptly reported to SA Health at <https://extapps.health.sa.gov.au/savss/> or via the SA Health website [Vaccine reaction reporting: Adverse event following immunisation](#) page.

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B Part of it – Meningococcal B Vaccine Herd Immunity Study



Study Update

The first of the two year study is now almost complete with over 34,000 high school students participating from 237 SA schools. All students received their first swab in 2017, and of those randomised into Group A to receive the vaccine this year, 95% have completed the two dose course. Students who still require dose two can access a catch up vaccine from study immunisation providers.

Planning has commenced for the next stage of the study, including training updates for study providers and a review of study materials and resources. Promotion of the study will continue with a focus on student retention strategies, aiming to encourage all participating students to remain in the study to have the second swab. A student advisory group is currently being formed to assist the development of retention strategies for their high school peers.

School visits for the second year of the study will commence between April and June 2018 with all participating school students in Group A and Group B receiving a second swab. Group B students will also receive the two dose course of Bexsero vaccine.

Participating year 12 students from 2017, (school leavers in 2018) will be individually contacted by the study team with details of what they need to do to remain in the study, and for those students still to be vaccinated in Group B, details of where to access the two dose Bexsero vaccine course.

For further information on the *SA Meningococcal B Vaccine Herd Immunity Study* call the Immunisation Section on 1300 232 272 or visit <https://bpartofit.com.au/>.

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Changes to the Immunisation Section phone service

The Immunisation Section has provided a phone service for many years to offer a high level of immunisation advice and support to members of the public and health professionals. Demand on this service has dramatically increased over recent years with 26,264 calls received in the 2016-2017 financial year.

In order to continue to meet the needs of both the members of the public and health professionals, a new system will be implemented to create a more streamlined and efficient process to access immunisation information.

Once changes have been implemented, calls to the 1300 232 272 – Immunisation Section will be categorised as either a member of the public or health professional enquiry. The caller will then be connected to a specialist immunisation nurse or directed to specific website information, depending on the reason for the call.

More information will be available in the next edition of Sharp and to the Point.

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What's new for immunisation education programs?

The Immunisation Section is excited to announce that online immunisation education courses are now being transitioned to the Centre for Education and Training (CET) at the Women's and Children's Health Network.

Digital Media (DM) is a core part of the CET and includes staff with health, education and technical backgrounds who have extensive expertise in educational program design, multimedia production, web based development, photography, videography, graphic design and project management.

The courses now have a different format and presentation, with improved navigation and automated assessment process.

Understanding Vaccines and the National Immunisation Program was the first program to transition and was available from 1 November 2017; with over 80 users already registered on the new look course.

Details on *Understanding Vaccines and the National Immunisation Program* are available on the [SA Health website](#). Course registration available [here](#)

Learner evaluation comments

"Very interactive, really enjoyed it"

"This module was very informative and delivered well, easy to navigate and overall I enjoyed the learning it provided"

"Clarification is great. Illustrations are great"

The following programs are currently being transitioned and will be available soon:

- *Understanding Vaccines for Midwives: Vaccination requirements during pregnancy and early childhood*
- *Understanding vaccines and adult vaccination requirements for workplace programs*

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Australian Nursing and Midwifery Conference

The 3rd Australian Nursing and Midwifery Conference, hosted by The Hunter New England Local Health District, The University of Newcastle and The University of New England, was held in Newcastle, NSW on 14 and 15 September 2017. The theme for the conference was: Collective Conversations: education, quality and research in nursing and midwifery practice.

This international conference provides a forum for nursing and midwifery clinicians, researchers and educators to share and celebrate experiences and achievements in nursing and midwifery.

Delegates from the Immunisation Section, CDCB attended the conference and presented on the topic of midwives immunisation education - *The call for midwives to engage in immunisation education* as well as hosting a trade exhibition stall. The goal was to encourage midwives to undertake immunisation education as they are in an ideal position to inform and guide in immunisation recommendations to pregnant women and new parents. The online training program *Understanding Vaccines for Midwives: Vaccination requirements during pregnancy and early childhood* was promoted. The program is designed to provide an introduction to immunisation, key vaccines and topics relevant to midwives. The program is a high quality training course that uses animation and interactivity to promote learning. It is an Australian College of Midwives CPD Recognised Course with an allocation of 20 CPD points.



Immunisation Section Nurse Consultants Melissa Fidock (L) and Janine Mitchell (R) hosting the exhibition stall at the Australian Nursing and Midwifery Conference

Education for midwives is essential to confidently engage in the immunisation discussion with pregnant women and new parents and to actively promote the importance of vaccines, including timely vaccination. To support midwives in gaining the knowledge and skills they require on the topics of vaccines and vaccination.

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Summer cold chain reminders

The change of season and expected warmer weather is a timely reminder to review cold chain practices. Purpose built vaccine fridges, especially those glass fronted, are more susceptible to ambient (room) temperatures affecting their overall efficiency and internal fridge temperatures. As the weather warms, take note of your vaccine fridge temperatures for any changes. Things to look for are:

- Is the maximum temperature sitting higher than during the winter months?
- What are the minimum temperatures, have they also increased?
- Is there an opportunity to decrease the fridge temperature thermostat by a degree to avoid the fridge going over eight degrees, especially when the door is opened?
- Is the fridge overstocked, is there enough room for air to flow in and around the vaccines?
- When was the fridge last serviced, has it been more than 12 months?
- Is the room where the fridge is stored well ventilated?
- Is there a window in the room that allows direct sunlight to enter?

Consider these points in relation to your vaccine fridge and make any changes to improve your vaccine fridge efficiency. Refer to the *National Vaccine Storage Guidelines Strive for 5 Vaccine Storage Self Audit* on pages 42-45 as a guide to assist you in your fridge assessment.

Also ensure your *Cold Chain Back Up Plan* is up to date in the event of a power outage, fridge malfunction or human error (door left open). The *Cold Chain Back Up Plan* is available on the [Vaccine Storage and Ordering](#) page of the SA Health website.

In the event of vaccine fridge temperature readings below 2 °C or above 8° C ensure all staff know to:

- > Isolate the vaccines in the fridge.
- > Immediately place a “Do Not Use” sign on the door of the fridge.
- > Contact the Immunisation Section as soon as possible for advice.

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Yellow Fever Update

The Immunisation Section, CDCB, SA Health is responsible for approving health facilities to access and provide yellow fever vaccine services in South Australia.

Yellow fever is a disease subject to the World Health Organization's (WHO) International Health Regulations (IHR). The IHR aims to prevent the international spread of disease and to do so with the minimum of inconvenience to international travellers.

Many countries require arriving travellers who have come from, or travelled through, a yellow fever infected country to hold a valid *International Certificate of Vaccination or Prophylaxis*. The yellow fever vaccination requirements for entry into each country are listed in *International Travel and Health: vaccination requirements and health advice*. The IHR also permit countries, where the vector of yellow fever is present, to isolate travellers who arrive from infected countries without a valid certificate of vaccination against yellow fever for a specified period. . The WHO specifies the requirements for a valid vaccination certificate. The IHR require countries to report cases of yellow fever in humans and the presence of the virus in mosquitoes or non-human vertebrates.

Yellow fever is endemic in Africa and South America.

The list of yellow fever infected countries, and infected districts within those countries, is published regularly in the Weekly Epidemiological Record.

<http://www.who.int/wer/en/>

South Australian health professionals who would like to provide travel vaccination services including yellow fever vaccine can contact the Immunisation Section to apply to become a SA Approved Yellow Fever Provider. More information is available on the [Ordering Yellow Fever vaccines](#) page of the SA Health website.

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Helpful checklist for Zostavax

The [live shingles vaccine \(Zostavax\) screening for contraindications](#) is now available on the Immunise Australia website. This helpful checklist can assist health professionals to ensure there are no contraindications to receiving this live vaccine for eligible individuals. It also contains notes for health professionals including a guide to safe doses of immunosuppressive therapy for Zostavax administration. A link to the checklist is also available on the SA Health [National Shingles Vaccination Program](#) page.

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SA Vaccinology Day

2017 presentations available to view on the SA Health website

The 2017 SA Vaccinology Day was held at the Adelaide Zoo on the 22 September. The annual conference is a partnership between Robinson Research Institute, SA Health, the South Australian Medical Health and Research Institute (SAHMRI) and the Women's and Children's Health Network (WCHN). The day was a great success with 207 attendees including researchers, general practitioners, midwives, Aboriginal health workers and registered and enrolled nurses.

The update covered a variety of very interesting and topical immunisation sessions including:

- Priorities for immunising Aboriginal children
- Maternal immunisation
- Improving protection-recommended unfunded vaccines
- Evolving epidemiology of meningococcal disease

Health professionals will be able to access the 2017 presentations on the SA Health [Vaccinology Update Conference](#) page.



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Reminder - Vaccinate from 28

The dTpa vaccine is recommended as a single dose in the third trimester of *each* pregnancy. The current recommendation is to offer the vaccine at the optimal time between **28 and 32 weeks**. Pertussis antibody levels do not peak until approximately two weeks after vaccination and active transport of maternal antibody to the fetus occurs predominantly from 30 weeks gestation onwards.

More information is available in the [Pertussis chapter](#) of the Australian Immunisation Handbook.

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Save the Date

The 16th Public Health Association of Australia (PHAA) National Immunisation Conference will be held at the Adelaide Convention Centre from Tuesday 5 June to Thursday 7 June 2018.

The conferences are held every two years and the 2018 theme will be '*Immunisation for all: Gains, gaps and goals*'.

Further information is available at: [16th National Immunisation Conference 2018](#)

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Did you know?

Individuals can save time by accessing their own or their child's immunisation records online through Medicare. They can view or print a copy of their own or their child's immunisation history statement through their Medicare online account through *myGov* or the *Express Plus Medicare* mobile app. Immunisation history statements can be emailed to any valid email address from within the Express Plus Medicare mobile app.

More information is available at: [AIR – Immunisation History Statement](#)

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Around the world

Plague outbreak in Madagascar

A total of 2119 confirmed probable and suspected cases of plague have been reported in Madagascar from 1 August to 10 November 2017, with 171 deaths (8%). 76% of cases were pneumonic and 15% bubonic. Plague is endemic in some areas of Madagascar and the expected seasonal increase in cases between April and September is usually predominantly the bubonic form. The current outbreak is the largest in the past decade, is predominantly the pneumonic form and is affecting endemic and non-endemic areas.

Further information is available at:

<http://apps.who.int/iris/bitstream/10665/259458/1/Ex-PlagueMadagascar14112017.pdf>

<https://ecdc.europa.eu/sites/portal/files/documents/plague-madagascar-seychelles-rapid-risk-assessment-october-2017.pdf>

<http://www.afro.who.int/health-topics/plague/plague-outbreak-situation-reports>

Mumps outbreak in New Zealand

Between 1 September 2016 and 27 September 2017, over 580 cases of mumps were reported in New Zealand. Approximately 60% of these were reported in the last three months of this period, 75% were from the Auckland region and 70% were in the 10-29 years age group.

[New Zealand mumps outbreak further information](#)

Polio and malaria campaigns in North-Eastern Nigeria

In Borno state, Nigeria, an initiative to reduce the impact of malaria on children under five was launched in July 2017. The campaign was timed to run through the peak malaria transmission season and delivers monthly antimalarial medicines to all children in the target area, including those with no symptoms. The children are also receiving oral polio vaccine at the same time. There were four new cases of wild poliovirus type 1 cases (WPV1) reported in Bono state in August 2016. These were the first cases reported in Nigeria since 2014.

Further information is available at:

<http://www.who.int/malaria/news/2017/smc-campaign-nigeria/en/>

<http://www.who.int/malaria/news/2017/emergency-borno-state/en/>

<http://polioeradication.org/news-post/delivering-polio-vaccine-within-a-complex-humanitarian-emergency-response-in-nigeria/>

Funding for world's first malaria vaccine

Global funding has been secured for the initial roll out of the first available malaria vaccine in pilot projects across sub-Saharan Africa. The vaccine provides partial malaria protection in young children and vaccinations will begin in 2018.

[Malaria vaccine further information](#)

Pertussis vaccine coverage for pregnant women in the UK



Coverage for pregnant women with pertussis vaccine in 2017 is at its highest levels and averaged 72.1% for the period April – June 2017.

[UK pertussis coverage further information](#)

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Questions and Answers

- Q:** A five month old child presents to the GP for dose two Bexsero, five weeks after they received dose one, and can it be given today?
- A** The recommended interval for this age group is eight weeks between doses, however, the minimal interval between doses is four weeks for children under six months of age: as per table 2.1.7 in the Australian Immunisation Handbook.
- Q** A five month old child is going overseas for four months, can they get their six month immunisations today?
- A** If there has been a minimal interval of at least four weeks since the last immunisations were given, the six month vaccines can be given earlier in this instance for travel however, the hepatitis B dose three will not be a clinically valid dose as the recommended interval between the second and third dose is two months.

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What's on the noticeboard



The following websites and links have the latest immunisation news and information to help immunisation providers keep up to date with the latest!

Immunise Australia

- > [Immunisation Handbook, 10th edition, latest updates- 1 August 2017](#)
- > [Immunise Australia Program- Clinical Updates](#)
- > [News](#)

The National Centre for Immunisation Research and Surveillance (NCIRS)

- > [NCIRS Fact sheets-](#)
 - > Meningococcal vaccines for Australians September 2017
 - > Meningococcal vaccines – frequently asked questions September 2017
- > [NCIRS News and Events](#)
- > [Subscribe to the Australian Immunisation Professionals \(AIP\) Network](#)

Subscribers to the NCIRS-AIP receive the NCIRS “Weekly Jab” newsletter – a weekly dose of immunisation news.

News items from overseas

USA

- > [Centers for Disease Control and Prevention - Vaccines and Immunizations](#)

Canada

- > [Government of Canada -Immunisation and Vaccines](#)

UK

- > [Public Health England - Vaccine Update](#)

New Zealand

- > [Immunisation Advisory Centre](#)

For more information

Immunisation Section
Communicable Disease Control Branch
SA Health
1300 232 272
www.sahealth.sa.gov.au/immunisationprovider

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