



December 2008

**MERRY CHRISTMAS & A SAFE FEASTIVE SEASON!**

### Closing the gap strategy - Aboriginal immunisation

From 1st January 2009 a new initiative, believed to be the first comprehensive strategy of its kind in NSW, aims at closing the gap in timely vaccination coverage rates between Aboriginal and non-Aboriginal children. It addresses the current untimeliness of childhood vaccination amongst some Aboriginal and Torres Strait Islander children in Hunter New England.

Identifying Aboriginal parents and newborn Aboriginal infants, is the cornerstone of a successful strategy of protecting Aboriginal children against vaccine-preventable diseases. Therefore, part of this initiative will be implemented in maternity units and birthing services to identify Aboriginal infants at birth.

Implementation of active follow-up of overdue Aboriginal children, coordinated by Aboriginal Health Services, will complement the strategy implemented in maternity units and will ensure that Aboriginal children are immunised on time at ages 2, 4, 6, 12, 18 months and 4 years.

The strategy will be evaluated quarterly from March 2009 via Australian Childhood Immunisation Register (ACIR - national register) quarterly vaccination coverage data.

### Pertussis

Pertussis is a serious disease in infants and young children. The last pertussis death in Hunter New England was in 1996 when an infant contracted pertussis from an adult family member.

A reminder that NSW is in the grips of a pertussis outbreak so all health professionals are asked to promote pertussis vaccine in adults and adolescent cohorts (dTpa - Boostrix or Adacel via script from their GP). Use the combination vaccine with IPV for adolescents & adults intending on overseas travel.

A pertussis-containing vaccine should be recommended to all parents, grandparents, other adults and adolescent contacts of young infants (or contacts with pregnant mums). Boostrix or Adacel vaccine can be given any time after a tetanus vaccine. Adolescents who have not yet had their 15yo booster can get it free from their GP.

Your recommendation could prevent infant admissions to hospital and perhaps prevent a death from pertussis!

### Misconceptions about vaccines during pregnancy and breast feeding

**Pregnant women should receive an influenza vaccine during the flu season or a pertussis vaccine** if they are a household contact of someone with pertussis. Flu and Boostrix or Adacel vaccine will help protect mother and foetus against flu and pertussis and their complications. These vaccines are safe during pregnancy and should be administered if there is significant exposure risk.

If not given before or during pregnancy dTpa vaccine should be given as soon after delivery as possible.

#### **Breast feeding mothers and babies**

All inactivated and live attenuated vaccines **should** be given to a mother who is at risk of the disease while she continues to breast feed her baby. All vaccines recommended for babies and children should be given to a child who is being breast fed.

**The vaccines which can be safely given to mothers while breast feeding include (but are not limited to):** Boostrix (diphtheria, tetanus, pertussis), MMR (measles, mumps rubella), MenCCV (meningococcal C), Influenza (in flu season), HPV (human papillomavirus), HBV (hepatitis B), IPV (polio), Pneumovax23 (pneumococcal), VZV (varicella or chicken pox – if non-immune to varicella).

**In fact, not vaccinating a mother may place her and her newborn infant at significant risk of contracting a serious disease. For example, pertussis, measles and chicken pox can be life threatening to a newborn infant.**

**Refer to the *Australian Immunisation Handbook* 9<sup>th</sup> edition as a reference to ensure that you are following National Health & Medical Research Council recommendations NHMRC, 2008:**

Pregnancy: Table 2.3.1 p86-88; Breast feeding: p21, 89, 174