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## **Immunisation News April 2007**



<http://www.hnehealth.nsw.gov.au>

Many great things are happening in immunisation in 2007 including

- the draft release of the 9<sup>th</sup> edition of the handbook,
- the commencement of the human papillomavirus (HPV)- gardasil program in high schools and
- the release of PD 2007-006 **Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases.**

Compliance with this policy is mandatory. You can access the policy by [http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007\\_006.pdf](http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_006.pdf) or through a link from our website. Please make yourself familiar with this new policy directive as it impacts on general practice and nurse immunisers who work in public health facilities or schools.

The draft 9<sup>th</sup> edition of the Australian Immunisation Handbook is currently available for review at [www.immunise.health.gov.au](http://www.immunise.health.gov.au).

### **HPV Program human papillomavirus vaccine (HPV)**

The HPV vaccination program, funded under the *National Immunisation Program* as an ongoing program for 12 and 13 year old girls, will be delivered through schools.

A two-year catch-up program for 13 to 18 year old girls in schools, and 18 to 26 year old women to be delivered through general practice and community based programs.

Human papillomavirus (HPV) is the name given to a group of viruses that cause skin warts, genital warts and some cancers. HPV infection is usually without symptoms and can be transmitted during sex and genital skin-to-skin contact with a person who has the virus.

**Free HPV vaccine will be available from May 2007 in schools**

**Free HPV vaccine will be available in general practice from July 2007.**

A fact sheet for the public and providers is available at:

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/hpv-vac-prog>

and a more detailed one at: [http://www.ncirs.usyd.edu.au/facts/hpv\\_jan\\_2007.pdf](http://www.ncirs.usyd.edu.au/facts/hpv_jan_2007.pdf)

### **Give all due vaccines at the same visit**

Just a reminder – best practice is for all due vaccines to be given at one visit. This is particularly important for 12 month vaccines - many children are missing meningococcal C vaccine because some immunisers are reluctant to give 3 vaccines on the one day. Your duty of care is to protect children against all diseases as early as possible.

- When vaccines are delayed, children remain at risk of contracting that disease, especially when parents forget to return for follow-up visits.
- Vaccines are more effective if given simultaneously than given within 2 months.

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- It is less traumatic for children to receive multiple vaccines at one visit than to be subjected to multiple visits where they are 'jabbed'.

### **Influenza Vaccine** *Are you immunised against flu?*

NHMRC recommendations for influenza vaccine is that it should be administered to any person who wishes to reduce their likelihood of becoming ill with influenza.

Apart from the current high risk groups for which flu vaccine is provided free, it is particularly recommended & should be actively promoted to individuals for:

- Those who come into contact with very young children and the elderly who may not respond adequately to the vaccine. It can be given on the same day as other vaccines.
- Pregnant women to protect mum & foetus from adverse effects of prolonged fever. Flu vaccine is safe during the 1<sup>st</sup> trimester
- Those in close contact with infants and pregnant women should also be immunised.

Other recommended groups are listed in the *Australian Immunisation Handbook (NHMRC, 2003:171-3)*.

The 2007 order form is available through the website at:

[http://www.health.nsw.gov.au/living/immunisation/immunise\\_prog/index.html](http://www.health.nsw.gov.au/living/immunisation/immunise_prog/index.html)

The 2007 flu program commenced on 1 March 2007

### **Pneumococcal Vaccination Program** (Pneumovax 23)

This is not a seasonal program and should be promoted all year. It is free for all persons > 65 years. Further recommendations are on p 223-4. Current recommendations are for 2 doses only 5 years apart.

### **Pertussis Protection** **BOOSTRIX**

While patients are attending for flu vaccine it is an opportune time to encourage uptake of Boostrix vaccine; especially those in contact with the most vulnerable.

Strongly recommended for:

- Routine booster for individuals >15 years. Boostrix vaccine is supplied free for 15 year olds who missed out during the school program in 2004 and refugees. Please contact the PHU to order this vaccine.
- Individuals >5 years since previous tetanus-containing vaccine, who present with a tetanus prone wound. (via GP script)
- Individuals in contact with pregnant women and infants aged < 6 months (especially parents, grandparents and significant others)
- the very young, the very old and immunosuppressed individuals.

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### **Annual Immunisation Education Updates to comply with authority to immunise**

Dates and registration forms for annual updates are available on our website <http://www1.hnehealth.nsw.gov.au/hnep/Immunisation.htm>. You need to complete an update within a calendar year.

It is the individual Authorised Nurse Immuniser's responsibility to comply with your authority to practice. You must attend one 4-hour session each calendar year. Leaving it until the end of the year session may result in you having no choices should you be ill or unable to attend on the day.

Hunter New England Health Service (HNEHS) employees will not be permitted to immunise on behalf of HNEHS without a doctor's written orders if you fail to comply with this requirement. Non-HNEHS staff place themselves at risk of litigation and/or risk your authority to practice as a nurse if you not comply with NSW Poisons & Therapeutic Goods Act 1966 (Amendment 2000) under which your authority to immunise is governed.

### **Vaccinations for Refugees**

Vaccines are provided free for refugees and these can be ordered through the PHU. Chris Foletti has recently been appointed as Refugee Health Nurse at Migrant Health unit in Wallsend. Contact details for Chris are 4924 6412. Chris may be able to assist with follow up of your refugee clients. A Refugee Health Nurse has also been appointed in Tamworth, Joy Harrison can be contacted on 67761205.

### **Vaccinations for Adolescents and Adults**

**It is important to recommend all NHMRC recommended vaccines for all patients regardless if they are free of not.** Prescriptions can be provided or bulk vaccines can be purchased and offered to patients for the cost of the vaccine. Clients must be reminded of cold chain requirements when collecting vaccines from a pharmacy. dT (ADT) is only supplied free via the doctors bag for tetanus prone wounds.



### **Immunoglobulin Preparations**

All immunoglobulin is available from the Australian Red Cross, Ph: 131495 or 24hr dispatch number 9229 4000 with access to a medical officer.

Normal human immunoglobulin (NHIG) is used for the prevention of

- Hepatitis A

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- Hepatitis B
- Measles
- Varicella

Contact management for these conditions except varicella will primarily be managed through the Public Health Unit.

### Zoster immunoglobulin (ZIG)

ZIG should be given to individuals in the following categories if they are significantly exposed to either varicella or zoster (page 289-90)

- i. Pregnant women who are susceptible to varicella infection. They should be tested for varicella-zoster antibodies before ZIG is given.
- ii. ZIG *must* be given to neonates whose mothers develop varicella from 7 or fewer days before delivery to 2 days after delivery, as the neonatal mortality without ZIG is 30% in this setting. ZIG must be given as early as possible in the incubation period – within 96 hours of exposure if possible.
- iii. ZIG *should* be given to neonates exposed to varicella in the first month of life, if the mother has no personal history of infection with VZV and is seronegative.
- iv. Premature infants (born at less than 28 weeks' gestation or with birth weight less than 1000 g) exposed to VZV while still hospitalised should be given ZIG *regardless of maternal history of varicella*.
- v. Patients suffering from diseases associated with cellular immune deficiency (eg. Hodgkin's disease), and those receiving immunosuppressive therapy. While it is recommended that immunosuppressed varicella contacts be tested for varicella-zoster antibody, this should not delay ZIG administration beyond 7 days after initial contact with a case.

### Tetanus immunoglobulin (TIG)

Tetanus immunoglobulin (human) for intramuscular use (page 266-67)

- i. TIG should be used for passive protection of individuals who have sustained a tetanus-prone wound, where the person has not received three or more doses of a tetanus toxoid-containing vaccine or where there is doubt about their tetanus vaccination status.

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- ii. The recommended dose for TIG is 250 IU by IM injection, to be given as soon as practicable after the injury. If more than 24 hours have elapsed, 500 IU should be given. A tetanus toxoid-containing vaccine should be given at the same time in the opposite limb with a separate syringe, and arrangements should be made to complete the full course of tetanus toxoid-containing vaccinations.
- iii. Because of its viscosity, TIG should be given to adults using a 21 gauge needle. For children it can be given slowly, using a 23 gauge needle.
- iv. For wounds not categorised as tetanus-prone, such as clean cuts that have been treated appropriately, TIG is unnecessary.



The Immunisation Team