

To The Point



July 2008

Keep abreast of immunisation changes and National Health & Medical Research Council

Information for GPs regarding school based vaccination programs

NSW Health provides school-based vaccination services with the vaccines recommended for adolescents by the National Health and Medical Research Council.

In 2008, hepatitis B and varicella vaccines will be offered to Year 7 students. Students who miss out on the vaccines at school are eligible for free vaccine from their local service provider while they are in Year 7 (GP or Community Health Centre).

Human Papillomavirus (HPV) vaccine will be offered to female students in Years 7, 8, 9 and 10 in 2008.

Students who have missed vaccination at school in **2007** can attend their GP for HPV vaccination.

Students who were absent from school and miss dose 1 of HPV will be eligible to receive free HPV vaccine from their GP.

Students who have commenced a course of HPV vaccine with their local doctor are **required** to complete this course with their local doctor and should not be referred back to the school program.

Students who missed out on vaccination during the Meningococcal C and NSW Adolescent Vaccination Programs in 2003, 2004 and 2005 are eligible for free vaccine in 2008 as follows:

Vaccine	Missed Dose Advice
Hepatitis B	Missed dose 1 = Give 3 Paediatric doses at GP for Year 7 students only
Hepatitis B	Missed dose 2 = Give 2 Paediatric doses at GP for Year 7 students only
dTpa (Boostrix)	Eligible for free vaccine at GP when they reach 15 years of age
Meningococcal C	Free for those aged up to 25 years who were not vaccinated as part of the National Meningococcal C Vaccination Program
Varicella vaccine	Eligible for free vaccine at GP for Year 7 students only
HPV vaccine	Female students in Years 7, 8, 9 and 10 in 2008 who were absent during the HPV dose 1 clinic at school are eligible for catch-up vaccination at their GP scheduled at 0, 2 and 6 months. Students who have previously commenced a course of HPV vaccine with their local doctor are required to complete this course with their local doctor.

MMR in the 9th Edition Immunisation Handbook

MMR vaccine (Priorix®) is still scheduled at 12 months of age and four years of age.

In the measles, mumps and rubella chapters of the latest immunisation handbook. (*Australian Immunisation Handbook 9th edition*), the second dose of MMR vaccine is recommended at 18 months of age, not at four years. **This is NOT a vaccine schedule change for implementation on the National Immunisation Program schedule at this time.**

GPs and practice nurses should opportunistically immunise all adolescents and adults with MMR x 2 doses a month apart, if there is no documented evidence of 2 MMR vaccines being administered.

MMR vaccine is available free for any person born after 1966. People born prior to 1966 are considered to have acquired immunity from natural infection.

Reduce the Risk of Varicella Disease - When to use Zoster Immunoglobulin (ZIG) and Varicella Vaccine

HNEPH are often asked this question in relation to infants <12 months and/or pregnant women who have been in contact with varicella or herpes zoster (HZ). The reference to use is the *Australian Immunisation Handbook 9th edition*.p319-*The public health management of varicella*.

ZIG - can be accessed from the Australian Red Cross Blood Service but because there is a limited supply it can only be recommended for high risk subjects (see below) and must be given **within 96 hours** of significant exposure to active varicella or HZ.

Significant exposure is defined as:

- Living in the same household as a person with active varicella or HZ *or*
- direct face-to-face contact with a person with varicella or HZ for 5 minutes *or*
- being in the same room for at least 1 hour.

High risk groups

- Pregnant women who are not immune-urgently test for antibodies beforehand where practicable
- Neonates whose mothers develop varicella between 7 days before delivery to 2 days post delivery. NOTE: 30% mortality rate in neonates when ZIG not given.
- Neonates who are exposed to varicella in the first month of life if the mother has no history of infection with varicella virus and is seronegative
- Premature infants (born at <28 weeks gestation or <1000gms birth weight) exposed to varicella whilst still hospitalised, regardless of maternal history

With varicella infection the period of infectivity is inclusive of 48 hours before onset of rash until all lesions are crusted over.

Normal human immunoglobulin (NHIG) can be used if ZIG is not available. Dosage of ZIG is based on weight.

See Table 3.24.2 *Australian Immunisation Handbook 9th edition* p.320, as this differs from the product information.

Note: once a specific immunoglobulin (like ZIG) has been administered, vaccination against other live viruses does not need to be deferred, but a **delay of 5 months** is needed before vaccination with varicella vaccine.

If NHIG is used then a **delay of 3 months** is required before vaccinating against other live viruses eg MMR.

See table 2.3.5: *Australian Immunisation Handbook 9th edition* p103

Varicella vaccine

Varicella vaccine can be given to prevent moderate to severe disease following exposure in non immune children \geq 12 months or non immune adults. In high risk situations varicella vaccine may be used in children as young as 9/12.

When possible serological immune status should be assessed in adults if there is ambivalence about immune status. The vaccine should be given within 3 days and up to a maximum of 5 days postexposure. It is not detrimental to vaccinate someone already immune. Sooner is better than later. For further information or advice, please contact HNE Population Health on 4924 6477 or 6767 8630.