

To The Point

Gardasil HPV (Human Papilloma Virus) Program

The HPV school-based program is underway in all Hunter New England high schools for female students in Year 10, 11 and 12. Uptake is approximately 86% (above state average of 83%).

Product Information available at: 1 800 642 865

Consumer Medicine Information is available at: 1 800 642 865 or on their website at: <http://www.csl.com.au/Gardasil.asp>

GP-initiated immunisation

- **HPV vaccine**

The catch-up program for HPV will be implemented for 18-26 year-olds (non-high school students) via GP surgeries from July 2007. We still have no further information from NSW Health. Tendering process is currently underway since two brands are available in Australia. **Please note that brands are not interchangeable.**

Once the tendering process is finalised, NSW Health will forward an information package to each General Practice.

If the successful tender is a brand other than Gardasil, school students who commence at school will **not** be able to access remaining doses via their GP. Arrangements will be made for catch-up clinics in the public sector.

Likewise, eligible clients (non-students) who commence on Gardasil by self-funding the vaccine but wish to complete at GP with free vaccine can only do so if Gardasil is the brand that is successful at tender.

- **Rotavirus Vaccine**

NSW Health has advised that rotavirus vaccine will be offered free for infants born from 01 May 2007. The program will commence in July 2007 when these infants turn 2 months. You will be kept informed through your Division of General Practice.

Parents of infants born prior to May 2007 should be encouraged to self-fund this vaccine if they wish their infant protected against rotavirus. There will be no catch-up program as both Rotarix (2-dose regime) and Rota Teq (3 dose vaccine) are licensed for a specific age and must be completed by age 26 weeks and 32 weeks respectively.

Reminder Item!

SW & QLD have had reports of GPs writing scripts for rotavirus vaccine and then telling the parent to give it when they get it from the chemist.

The issues that we are concerned about are:

1. NO adrenaline at hand in the rare instance of an anaphylactic reaction to the vaccine;
2. Inappropriate cold-chain transport, and also storage if there is a delay in administration;
3. Uncertainty if the vaccine was actually given, especially with regard to medical record and ACIR documentation;
4. administration to another child who is not age appropriate;
5. possible delay in administration may mean that the intended child is vaccinated at an inappropriate age; parent maybe unfamiliar with dosing the child and it may be more likely to be regurgitated.

The Australian General Practice Network will provide a short article for distribution by Divisions to warn against this practice.