

24 March 2017

Contents:

- 2017 seasonal influenza vaccine program
- TGA safety advisory following zoster death
- Meningococcal vaccines

Contacting the PHU for immunisation queries

49246477 (Newcastle) or
67648000 (Tamworth) then
press 1, 1

Email:

hnelhdphimmisation@hnehealth.nsw.gov.au

Please use this new email address for any immunisation queries. This enables the team to respond in a timely manner, even when staff are on leave.

Immunisation calls and emails are answered by the immunisation officer on call.

2017 influenza vaccination program

- Influenza is an important cause of morbidity and mortality in Australia.
- The highest rates of influenza and hospitalisation due to influenza occurs in children less than five-years of age.
- Annual vaccination is the most important measure to prevent influenza and its complications.

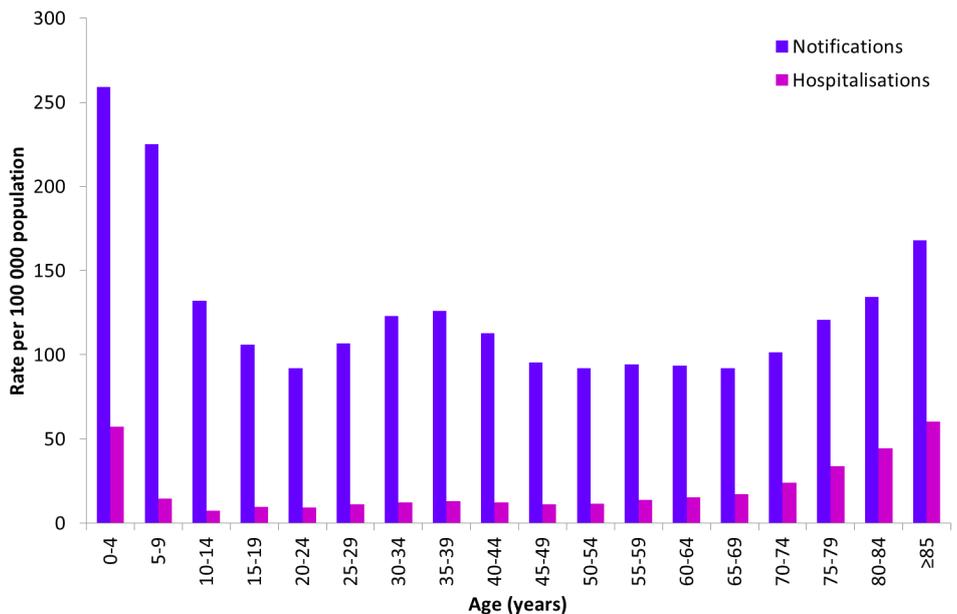


Figure. Average annual rate of influenza notifications and hospitalisations in Australia for 2010 to 2013.

- Important to be aware of age restrictions for each influenza vaccine (refer to next page).
- Remember to record doses administered on the Australian Immunisation Register.
- Recommendations for high risk groups are included in the ATAGI Influenza statement (attached).

2017 influenza vaccine presentations and eligibility under the National Immunisation Program

LESS THAN 3 YEARS OF AGE

FluQuadri™ Junior

- Children aged 6 to 35 months **with medical risk factors**
- All Aboriginal children aged 6 to 35 months
- Give two doses one month apart if first year of receiving flu vaccine



3 YEARS AND OVER

FluQuadri™ OR Fluarix Tetra®

- People 36 months of age and older with medical risk factors predisposing to severe influenza
- Give two doses one month apart for children aged 3-9 years if first year of receiving flu vaccine
- All Aboriginal persons 36 months to 5 years of age & 15 years and over
- Pregnant women
- All persons aged 65 years and over
- **Do not give a half dose**
- **Do not use for children less than 3 years of age**



18 YEARS AND OVER

Afluria Quad®

Adults 18 years of age and older with medical risk factors predisposing to severe influenza

- Aboriginal adults 18 years of age and older
- Pregnant women
- All persons aged 65 years and over
- **Do not use for persons less than 18 years of age**



Meningococcal vaccination

If a patient/parent asks about a specific meningococcal vaccine your response could be:

- Invasive meningococcal disease is a rare but serious disease.
- There are 13 known sub-types including A, B, C, W and Y.
- At the moment, the main serotypes causing disease in NSW are B and W.
- Three types of vaccines are available; one for serotype C (given at 12mths on childhood schedule), one for serotype B and the other for serotypes A, C, W and Y.
- The NSW school program will vaccinate year 11 and 12 students with the A, C, W, Y vaccine beginning May 2017.
- Patients outside the targeted cohorts can pay for the meningococcal ACWY or B vaccine at a pharmacy on prescription from their GP. The cost is likely to be over \$100, through pharmacies and GPs. Vaccine supply is limited at present.
- The number of doses required vary according to age.

Meningococcal disease - atypical presentations

A publication in Eurosurveillance raises awareness about atypical presentations of meningococcal disease:

Atypical clinical presentations associated with group W meningococcal disease (MenW) are well-described and include pneumonia, septic arthritis, endocarditis and epiglottitis/supraglottitis. Following anecdotal reports of teenagers presenting with predominantly gastrointestinal symptoms, a case review was undertaken of MenW cases in 15 to 19 year-olds diagnosed in England between July 2015 and January 2016. Of the 15 cases, seven presented with a short history of nausea, vomiting and diarrhoea; five of these seven cases died within 24 hours of presentation to hospital.

Campbell, Parikh, Borrow et al. Eurosurveillance, volume 21, issue 12, 24 March 2016

TGA safety advisory Zostavax following death

The Therapeutic Goods Administration has provided a safety advisory that Zostavax is not to be used in patients with compromised immune function.

This advisory follows the death that occurred in a person with pre-existing compromised immune function after receiving Zostavax.

NCIRS FAQ on Zoster available at:

http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-FAQ.pdf