

Contents:

- NAIDOC Week 2019
- AIR access to change
- Peak season for meningococcal disease
- Hepatitis B Vaccination and Screening Pathway
- Medicare letters
- Translating overseas immunisation encounters
- Influenza vaccination in patients with a history of Guillain-Barré Syndrome
- Vaccine shortages in the private market
- Funded MMR vaccine for people born since 1966
- New resources from NCIRS
- 3rd edition of Strive for 5

Attachments:

- General Practitioner and Practice Nurse Guide to Meeting NSW Health Immunisation and Screening Requirements for Applicants and Healthcare Students
- Meningococcal Media Release
- Injection site reactions
- NCIRS measles catch-up guide
- Approach to influenza vaccination in patients with a history of Guillain-Barre Syndrome

Contact your PHU for Immunisation enquiries

Phone: 1300 066 055

Fax: 4924 6490

Email: HNELHD-PHImmunisation
@hnehealth.nsw.gov.au

NAIDOC Week 2019 was held at the Newcastle foreshore. Approximately 60 vaccinations were done on the day, despite the cold conditions. The HNE-PHU Immunisation Team participated in the march prior to the day kicking off. Patrick, Paula, Sharon and Jody were among the team present. Also there were Katrina, Rachel, David, Julie and Stephanie.

It was a great opportunity to celebrate NAIDOC Week with the local community.



Australian Government
Department of Human Services

Medical practices on the AIR and the transition from authentication file to PRODA

AIR vaccination providers with a Medicare provider number (i.e. medical practitioners, nurse practitioners and midwives) can already create a PRODA account. **From 31 August 2019, DHS will switch off the authentication file for this group of providers.**

If your medical practice is already registered as a vaccination provider on the AIR, your staff can continue to use your practice authentication file until DHS transitions medical practices to PRODA in early 2020.

What if your practice is not registered to Access AIR online?

Registering a medical practice as a vaccination provider on the AIR

If medical practice staff require access to the AIR site from 31 August 2019, they must use their practice's AIR provider number.

If your medical practice is not yet registered as a vaccination provider on the AIR, you should register now. This will ensure continuous access to the AIR site for your staff during the transition to PRODA.

If your medical practice registers as a vaccination provider between 1 July and 30 September 2019, DHS will issue your practice an authentication file. Your staff can use this to access the AIR site until DHS transitions practices to PRODA in early 2020.

Attached is the **Application to register as a vaccination provider (IM004)**

To register your medical practice as a vaccination provider on the AIR:

1. Go to www.humanservices.gov.au/hpforms and select **Application to register as a vaccination provider (IM004)**
2. Select **medical practice** as your provider type at Question 1
3. Complete the form with your **principal vaccination provider's** details
4. The **principal vaccination provider** must sign at Question 12
5. Submit the completed form directly to DHS (**all other providers must obtain NSW Health approval first**)

MEDIA RELEASE from NSW health (attached)

SEASONS CHANGE COULD SIGNAL MORE MENINGOCOCCAL DISEASE

Winter and Spring are the peak times for the disease with babies and children up to the age of five years and teenagers and young adults aged from 15 to 24 years among those at most risk. People with suppressed immune systems, smokers and those living in crowded accommodation are also at greater risk.



Lily O'Connell nearly lost her life to meningococcal disease. She also received a kidney transplant from her sister.

Professor Robert Booy, from the National Centre for Immunisation Research, University of Sydney, said there are five common strains of meningococcal disease in Australia—A, B, C, W and Y—with an increase in cases over the last few years.

“We had a surge in W (strain) leading to nearly 150 cases last year and a surge in Y (strain) leading to 75 cases last year,”

Excellent resources are available on the Australian Academy of Science website with videos for consumers and health professionals.

<https://www.science.org.au/news-and-events/news-and-media-releases/meningococcal-disease-spike-prompts-vaccination-call>

Professor Allen Cheng from Melbourne’s Alfred Hospital, who also features in the campaign, said there are very few bacteria that can kill someone in hours, but this is one of them.

Hepatitis B Vaccination and Screening Pathway

This pathway is including in a resource developed by Hunter New England Local Health District Staff Health (attached).

Hepatitis B Pathway	Comment
Primary course <ul style="list-style-type: none"> Paediatric course of x3/4 doses OR Adolescent course of x2 doses OR Adult course of x3 doses 	Adult hepatitis B vaccine schedule <ul style="list-style-type: none"> A minimum interval of 1 month between the 1st and 2nd dose and; A minimum interval of 2 months between the 2nd and 3rd dose, and A minimum interval of 4 months (or 16 weeks) between the 1st and 3rd dose
Pathology HBsAb: 4 - 8 weeks after 3 rd dose	If HBsAb level <10 mIU/mL proceed with 1 st additional dose
Additional Dose <ul style="list-style-type: none"> 1st dose 	
Pathology HBsAb, HBsAg, HBCAb: 4 weeks after vaccination	If HBsAb level <10 mIU/mL proceed with additional doses If HBsAg or HBCAb positive – natural immunity, no further doses required
Additional Doses <ul style="list-style-type: none"> 2nd dose 3rd dose 	Doses are given 1 month apart
Pathology HBsAb: 4 weeks after 3 rd dose	If HBsAb level <10 mIU/mL considered a non-responder

Hepatitis B non-responder status is defined as people who do not develop hepatitis B antibodies following hepatitis B vaccination (completed primary course and a further three booster doses) as specified in the current edition of the Immunisation Handbook and do not have the markers of infection (i.e. HBCAb or HBSAg).

MEDICARE LETTERS

Parents of children and adolescents aged 14 ½ yrs who are overdue for childhood vaccines or the adolescent dose of HPV have been sent letters advising them which vaccines are overdue. The letters refer them to their immunisation provider to *either catch-up missed vaccines or add vaccines administered that are not listed on the AIR.*

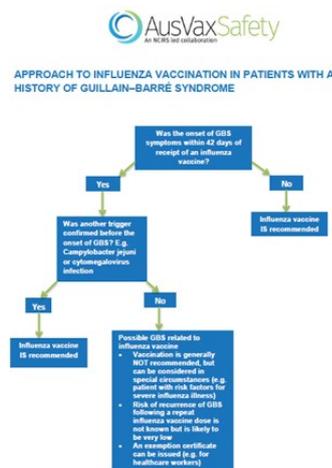
PLEASE NOTE: Even though the letters advise of missed HPV doses, the HPV doses are not linked to any payments. All HPV vaccines administered to this age group in the school program have been entered onto AIR.

Translating overseas immunisation encounters translating.dss.gov.au

The Australian Government Department of Settlement Services offer a free translating service that can be used by anyone who holds a permanent visa. GPs and medical specialists can also access the Australian Government Department of Home Affairs Free Interpreting Service when providing Medicare-rebateable services. Further information is available on the PHN ISP website (login required) including links to resources to assist in translating foreign immunisation records.

From PHN Immunisation Support Program newsletter:

AusVaxSafety has developed an approach to influenza vaccination in patients with a history of Guillain-Barré Syndrome. (attached)



http://ausvaxsafety.org.au/sites/default/files/2019-06/GBS%20Clinical%20Pathway_final.pdf

MMR VACCINE IS FUNDED IN NSW FOR EVERYONE BORN SINCE 1966

Measles is an ongoing risk in NSW.

MMR vaccine can now be given from 6 months of age for babies travelling or exposed to measles.

Measles vaccine is provided free in NSW

We are getting weekly phone calls from distressed patients unable to locate private stock of an MMR vaccine after being given a script from their GP.

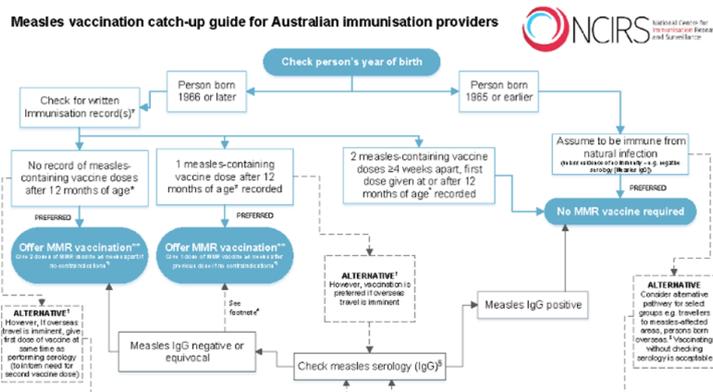
Please note NSW Health provides funded MMR vaccine (that is the MMR vaccine in your fridge) for everyone born since 1966.

A course of MMR vaccine is 2 doses at least 1 month apart, unless the first dose is given prior to 11 months of age. If MMR vaccine is given between 6-11 months then 3 doses of vaccine are required.

New resources from NCIRS

Measles vaccination catch-up guide for Australian immunisation providers

http://ncirs.org.au/sites/default/files/2019-07/NCIRS%20Information%20sheet%20-%20Injection%20site%20reactions_July%202019.pdf



Injection site reactions

http://ncirs.org.au/sites/default/files/2019-07/NCIRS%20Information%20sheet%20-%20Injection%20site%20reactions_July%202019.pdf

GSK has advised that Rabipur (rabies vaccine) is again available and has a new presentation in a pre-filled syringe + vial presentation, instead of the vial + vial presentation.

GSK has also advised that they are out of stock of the following vaccines in the private market (expected dates of return to supply (where available) are in brackets):

- Havrix Junior (until at least August)
- Twinrix Adult (until at least August)
- Twinrix Junior (until at least August)
- Havrix Adult (until at least September)
- Priorix (until October)
- Priorix Tetra (until October)

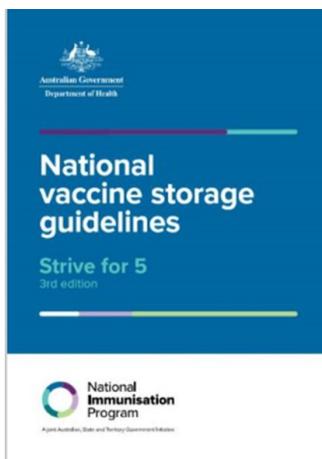
Refer to the TGA medicine shortages webpage for further information <https://apps.tga.gov.au/Prod/msi/search?shortagetype=All>



Large injection site reaction versus cellulitis post vaccination

Large injection site reaction	Cellulitis
Tenderness for the first few hours after vaccination which subsides as erythema increases in size.	Tenderness increases as erythema increases. Once the erythema enlarges to extend joint to joint the limb is exquisitely tender.
Not associated with systemic toxicity. May have a mild fever in the first 24 hours which settles.	Usually accompanied with high-grade or persistent fever, malaise, lethargy
Regional lymphadenopathy may occur and is usually non tender.	May be associated with lymphangitis (tracking of erythema along the lymph vessel) or tender or non-tender regional lymphadenopathy
Decreased range of limb movement is uncommon.	Decreased range of limb movement is common.

NEW - 3rd edition of The National Vaccine Storage Guidelines Strive for 5, is now available!



This resource provides up to date information about safe vaccine storage and key recommendations for effective vaccine storage management, including **NEW** supporting resources for immunisation providers.

Hard copies of the National Vaccine Storage Guidelines, Strive for 5, 3rd Edition booklet and the supporting resources are currently being posted to immunisation providers, and additional copies will be available for download or order at www.health.gov.au/immunisation. Please not to order additional copies until **19 July 2019**

An email (or fax) has been sent to all immunisation providers to remind them of the declaration they make in order to receive government-funded vaccines. (see attached).

The new 3rd Edition of Strive for 5 makes it a requirement that all providers must have a purpose built vaccine fridge.

National Vaccine Storage Guidelines resource collection

The Commonwealth has developed new resources to accompany the new Strive for 5 guidelines. Visit here to explore: <https://beta.health.gov.au/resources/collections/national-vaccine-storage-guidelines-resource-collection>

Appendices

[National Vaccine Storage Guidelines 'Strive for 5', Appendix 2 - Vaccine Storage Self Audit](#)

28 June 2019 Guideline

[National Vaccine Storage Guidelines 'Strive for 5', Appendix 8 - Checklist: Mobile and emergency storage](#)

27 June 2019 Guideline

[National Vaccine Storage Guidelines 'Strive for 5', Appendix 9 - Checklist for Managing a Power Failure](#)

28 June 2019 Guideline